

S. No. 2
-11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 5 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21062

Registration District No. 266

Primary Registration District No. 5373

Registrar's No. 4

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Rural Franklin Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Francis Rebecca Schafer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jacob Schafer

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 16 1861
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 80 | | | hr. min. |

9. Birthplace Darien Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name James Reed

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Schafer

(b) Address Darien Mo.

17. (a) burial (b) Date thereof 7/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Forest

18. (a) Signature of funeral director Carl Z. Jensen

(b) Address Salem, Mo.

19. (a) 1-7-42 (b) H. E. Kull, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dent

(c) City or town Rural Franklin
(If outside city or town limits, write "RURAL")

(d) Street No. Near Darien, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1942 hour 3:20 minute A. M.

21. I hereby certify that I attended the deceased from Dec 22
1941, to Jan 4, 1942
that I last saw her alive on Jan 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Dementia
Lobar RT L

Due to _____ 3 days

Due to Influenza 3 wks

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____ 108

Of autopsy _____ no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature H. E. Kull, M.D. (M. D. or other) MD.

Address Salem Mo. Date signed 1-7-42

RECEIVED

District Health Officer No. 5,

District File Number 442,303

Date Filed 7-17-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.