

FILED SEP 9 1942  
192

Primary Registration District No. 5641

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Corder, Mo. Rural (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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54  
(c) City or town Corder, Mo. Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? / No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Henry A. Schaeperkoetter

3. (b) If veteran, name war 70

3. (c) Social Security No. No

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Clara

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Mar-16-1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	4	27	hr. _____ min.

9. Birthplace Gasconade County, Mo. O  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
12. Name Herman H Schaeperkoetter  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Cataline Peterson 7  
15. Birthplace Germany 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John P. Hitt  
(b) Address Corder, Mo

17. (a) Burial (Burial, cremation, or removal)  
(b) Date there Aug. 13, 1942 (Month) (Day) (Year)  
(c) Place: burial or cremation Corder, Mo

18. (a) Signature of funeral director [Signature]  
(b) Address Higginville, Mo

19. (a) 8-14-1942 (Date received local registrar)  
(b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 = day 11 =  
year 1942 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from NOU 1941 to July 11, 1942  
that I last saw him alive on Aug 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) [Signature]

Major findings: Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

While at work (Specify type of place) (e) Means of injury  
23. Signature [Signature] (M. D. or other) M.D.  
Address Corder, Mo Date signed 8-12-42

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

54  
0  
0

RECEIVED

District Health Officer No. 8,

District File Number ~~4~~

Date Filed 9-7-42

1  
\* BH

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.

*Assistant to*  
*James Simpson*  
*Joseph H. Hay*

Signed *Alfred S. Hayden*

Licensed Embalmer No. 539

P. O. Address Higginell Mo

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, fact should be so stated above.