

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Linn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Charles Schaefer

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child

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

7. Birth date of deceased July 13th, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
hr. 30 min.

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

10. Usual occupation Child

11. Industry or business

MOTHER FATHER { 12. Name John Schaefer
13. Birthplace Bonnots Mill, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Mertens
15. Birthplace Linn, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Schaefer

(b) Address Bonnots Mill, Mo.

17. (a) Burial (b) Date thereof 7-15, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonnots Mill, Mo.

18. (a) Signature of funeral director Clyde Morton

(b) Address Box 144, Linn, Mo.

19. (a) July 15 (b) Louise Lock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
(c) City or town Bonnots Mill, Mo.
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1942 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 13 - 8:20 P.M.
1942 to July 13 1942
that I last saw him alive on July 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prolonged delivery Duration

Due to Malformed pelvis of mother

Due to Child weight - 11# and 14oz.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 160e Of autopsy
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 John H. Williams (M. D. or other) o
Address Linn Date signed July 14

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

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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..... *Vernon Morton*

Licensed Embalmer No..... *4125*

P. O. Address..... *Linn*

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.