S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

Registration District No. 83

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40589

Primary Registration District No. 4145

Registrar's No.

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Prairie Home
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 78 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 27 0 0

(a) State Missouri (b) County Cooper

(c) City or town Prairie Home
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Barbara E. Schaaf

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

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

7. Birth date of deceased 12 (Month) - 9 (Day) 1864 (Year)

8. AGE: Years 78 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Henry Geminden
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Margaret Hoffman
15. Birthplace Moniteau (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Grace Schaaf
(b) Address Prairie Home Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Moniteau Evangical Cem.

18. (a) Signature of funeral director C. Albert Horndeck
(b) Address Prairie Home Mo.

19. (a) Dec. 14-1942 (Date received local registrar) (b) Mrs. N. L. Reuszer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 42 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 15, 1942, to Dec 9, 1942
that I last saw her alive on 12-3, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Valvular Dis of Heart	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. L. Umstetter (M. D. or other) MD
Address Prairie Home Mo Date signed 12-14-42

1137 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-8-43

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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.