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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 13 1943

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 19

74  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Hodaway

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

(c) Name of hospital or institution: St. Francis  
(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 Hodaway

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

(d) Street No. 1205 Prairie  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Theresa Schaffer

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 30  
year 43 hour \_\_\_\_\_ minute 5:29 M.

21. I hereby certify that I attended the deceased from 1-16, 1943, to 1-30, 1943; that I last saw her alive on 1-30, 1943; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Ben Schaffer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: unknown  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 66 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Alvin Wirth

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

14. Maiden name Mary Ann Ronald

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

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? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature J. M. Bayler (M. D. or other) \_\_\_\_\_

Address Marionville Date signed 2-5-43

16. (a) Informant From Abbey records

(b) Address Conception Jet. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Old Conception

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 957 South Main Marionville Mo

19. (a) 2-6-43 (Date received local registrar) (b) Mary Schaffer (Registrar's signature)

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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 William Campbell  
Licensed Embalmer No. 2620  
P. O. Address Maryville 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.