

JUL 10 1943 211

State File No. _____
Registrar's No. 277 19

Registration District No. 211

Primary Registration District No. 5291

1. PLACE OF DEATH
(a) County Cole
(b) City or town Centertown
(c) Name of hospital or institution Route 2 1
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Centertown
(d) Street No. Route 2
(e) Citizen of foreign country? No. (Yes or No)

3. (a) PRINT FULL NAME Henry Schepker
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 30
year 1943 hour 1 minute 30 P. M.

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

7. Birth date of deceased _____ (Month) (Day) (Year)
8. AGE: Years 72 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death _____
Due to _____
Due to _____

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

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

10. Usual occupation Farmer

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 _____

11. Industry or business _____
12. Name John Schepker

Major findings: Of operations _____
Of autopsy _____

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

23. Signature _____ (M. D. or other) _____
Date signed _____

14. Maiden name Ellen Walters

15. Birthplace Cole County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Schepker
(b) Address Centertown, Rt. 2

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

(c) Place: burial or cremation St. Martins
18. (a) Signature of funeral director Fanner Service
(b) Address 700 J. J. Walters
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MOTHER, FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

9-17

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 *J. Anderson*
Licensed Embalmer No. *3641*
P. O. Address *Jemo*

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.

Registration District No. 211 Primary Registration District No. 5291

1. PLACE OF DEATH:
(a) County cole
(b) City or town Rural
(c) Name of hospital or institution:
Route 2
(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 Mo. (b) County Cole.
(c) City or town Centertown
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2 #
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Schepken
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Year 1943 minute 30 M.
21. I hereby certify that I attended the deceased from _____ 19____; _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year
7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

Duration _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 72 Months _____ Days _____ If less than one day _____ min.
9. Birthplace Centertown, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

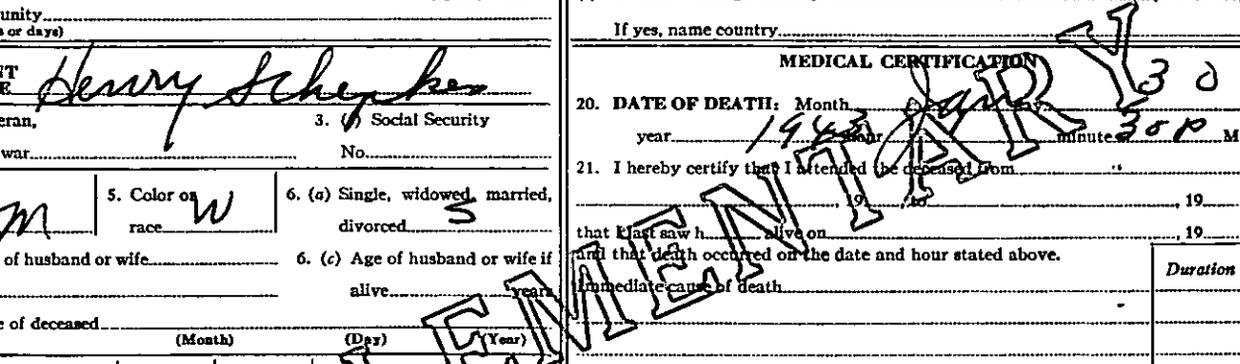
11. Industry or business _____
12. Name John Schepken
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Ellen Walters
15. Birthplace Cole County, Mo. (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Wm Schepken
(b) Address Centertown Rt 2
17. (a) Burial (b) Date thereof 2-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sy Martin
18. (a) Signature of funeral director Samuel Service
(b) Address 700 Jefferson City
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature Dr. J. T. Gellie (M. D. or other) _____
Address Centertown Date signed 4/30/43
While at work? _____ (Specify type of place) _____ (c) Means of injury _____

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



52183