U.S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 25872

Registration District No. 294 Primary Registration District No. 6007 Registrar's No. 151

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

1. PLACE OF DEATH:
(a) County Randolph, Jackson Twsp.
(b) City or town Rural
(If 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 Randolph 88 6
(c) City or town Moberly 3
(If outside city or town limits, write "RURAL")
(d) Street No. 211 Halleck
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Ivrie Eugene Schafer
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 S O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 25 (Day) 1932 (Year)
8. AGE: Years 11 Months 5 Days 12 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓
FATHER
12. Name James Ivrie Schafer
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Ethel Smith
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant James Ivrie Schafer
(b) Address Moberly
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 10th (Day) 1943 (Year)
(c) Place: burial or cremation Moberly, Mo
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) 7-8-43 (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1943 hour 6:30 minute P M.
21. I hereby certify that I attended the deceased from
, 19, to none, 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Accident - Death by drowning
Due to Coroners Case
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy

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) accident 088
(b) Date of occurrence July 7 - 1943
(c) Where did injury occur? R F D (City or town) Randolph (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? farm pond (Specify type of place)
While at work? no (e) Means of injury 3
23. Signature H. C. Griffiths (M. D. or other) Coroner Randolph
Address Moberly Date signed 7/8/43

1036 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-43-1306
Date Filed AUG 10 1943

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.**