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7-30
53487

REGISTRATION DISTRICT No. 24

Primary Registration District No. 207-10093 Registrar's No. 156

1. PLACE OF DEATH:

(a) County SALINE

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

(c) Name of hospital or institution:
Mo. State School
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Sept 24 1941
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Saline

(c) City or town Mo. State School
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Eugene Schaffter

3. (b) If veteran, name war No

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1943 hour 7 minute 45 - M.

4. Sex MALE 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife NO

6. (c) Age of husband or wife if alive no years

7. Birth date of deceased April 13 1925
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from held
ingress Aug 3, 1943, 19...
that I last saw h. alive on, 19...
and that death occurred on the date and hour stated above.

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

18 3 19 hr. min.

Immediate cause of death Accidental drowning
in
State School
lake.

Due to _____

Due to _____

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

Other conditions 183-3
(Include pregnancy within 3 months of death)

36

10. Usual occupation _____

11. Industry or business _____

12. Name Dont Know

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

14. Maiden name SCHAFFTER

15. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy NO

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mo. State School Record

(b) Address MARSHALL MO

17. (a) Removal (b) Date thereof Aug 6 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbian

18. (a) Signature of funeral director [Signature]

(b) Address Marshall Mo

19. (a) Aug 43 (b) Wm T. O. Westman
(Date received by local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug 3, 1943

(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 Saline Co

23. Signature [Signature] Address Marshall Mo Date signed 8-3-43

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

RECEIVED
Director of Health Officer No. 8,
State File Number
Date Filed 9-10-43

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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.