

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

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43175**

FILED DEC 27 4943

Registration District No. **274943**

Primary Registration District No. **5826**

Registrar's No. _____

1. PLACE OF BIRTH:

(a) County New Madrid

(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 years, months or days)

In this community 27 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

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

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

3. (a) PRINT FULL NAME Ila Schaffer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1943 hour 6:30 minute _____ P. M.

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

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Jessie Lee Schaffer

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased: March 1, 1904
(Month) (Day) (Year)

Immediate cause of death

Car wreck on Highway #61 run into bridge

Due to Broken left leg crushed chest, crushed lamer and upper jaw

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>8</u>	<u>18</u>	_____ hr. _____ min.

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

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.

10. Usual occupation carpenter

11. Industry or business _____

12. Name John Schaffer

13. Birthplace Wilton Co. Ill
(City, town, or county) (State or foreign country)

14. Maiden name Ila Crider

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

16. (a) Informant William L. Schaffer

(b) Address Silbourn Mo

17. (a) Rural (b) Date thereof 11-22-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home

18. (a) Signature of funeral director Wm. C. Dean

(b) Address Portageville Mo.

19. (a) Dec 3-49 (b) Mrs. J. X. Parent
(Date received 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 Nov 18 - 1943

(c) Where did injury occur? Near Portageville New Madrid Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway

While at work? no (e) Means of injury _____

23. Signature Leo H. ... (M. D. or other) _____

Address New Madrid Mo Date signed 11/19/43

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

RECEIVED

District Health Office No. 2,

District File Number 1243-1560

Date Filed 12-14-43

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

Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address

Portageville

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.