

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10599
Do not use this space.

FILED MAR 23 1944

1. PLACE OF DEATH
 (a) County Cape Girardeau Registration District No. 54
 (b) Township Welch Primary Registration District No. 5189
 (c) City _____ (d) Street No. 1
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Martha Ann Schearf
 (a) Residence, No. Delta, Mo St. (If nonresident, give city or town and State) 0
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Schearf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 - 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>62</u>	<u>29</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Wk

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White water mo

13. NAME Frederick Brase

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Sarah Ellen Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Emma Hester (ADDRESS) Delta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Plainview Cem. DATE 3/13 1944

19. FUNERAL DIRECTOR (NAME) (ADDRESS) DeLand Fun. Home Cape Girardeau Mo

20. FILED 3-14 1944 A H Mache Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9th 1944

22. I HEREBY CERTIFY, That I attended deceased from July 2 1943, to March 8 1944
 I last saw her alive on March 8 1944 Death is said to have occurred on the date stated above, at 1:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 72a 19
 Other contributory causes of importance: high blood pressure

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W W Davault, M. D.
 (Address) Altonville Mo

15. X

RECEIVED

District Health Officer No. 4
District File Number 344-3575
Date Filed 3-22-44

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 Ryman Steele

Licensed Embalmer No. 2476

P. O. Address Loape Bismarck

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, above space should be left blank.