

FILED AUG 11 1944
Registration District No. 1944

Primary Registration District No. 5687-3087

Registrar's No. J49

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield Mo.
(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 _____
In this community 69 yrs 5 mo 10 da.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn
(c) City or town Brookfield RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. RFD # 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John H Schaefer
3. (b) If veteran, name war No
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 9
year 1944 hour 11 minute 05 AM
21. I hereby certify that I attended the deceased from 1944, 19 to 1944, 19 40
that I last saw him alive on July 8, 19 40
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bess Schaefer 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Jan 29 1875
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
Primary Sclerosis

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>5</u>	<u>10</u>	hr. min.

9. Birthplace Brookfield Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Local Mone Operator

Duration 3 1/2
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Bernard Schaefer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Baker
15. Birthplace Germany
(City, town, or county) (State or foreign country)

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) _____
(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 Mrs. Fred Prooy
(b) Address Brookfield Mo.
17. (a) Burial (b) Date thereof July 11 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Royal Hill Cemetery

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Paul J. Kelly (M. D. or other) M.D.
Address Brookfield Date signed 7-20-44

18. (a) Signature of funeral director Wm. J. Bennett
(b) Address Brookfield Mo.
19. (a) 7-11-1944 (b) W. H. Deaman
(Date received local registrar) (Registrar's signature)

486 (Licensed Embalmer's Statement on Reverse Side)

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

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 *Homer Stewden*

Licensed Embalmer No. *3295*

P. O. Address *Brookfield 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: