

FILED MAR 30 1945

Registration District No.

Primary Registration District No. 2000

Registrar's No. 201

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 513 E. Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 601 Normal (If rural, give location)
(e) Citizen of foreign country? () (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Alice Schofield

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles Schofield 6. (c) Age of husband or wife if alive Dec. 15, 1862 years (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Greene County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name UNK. Jelly
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
14. Maiden name UNK. Delzell
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M.P. Nibler
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 3/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 3-12-45 (b) S.W. Standley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1945 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from 1940 to Mar 10 1946 that I last saw her alive on Mar 6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration Duration 3470

Due to.....
Due to.....

Other conditions arteriosclerosis atheroma
(Include pregnancy within 3 months of death)

Major findings: 926
Of operations.....
Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature W.T. Walsh (M. D. or other)
Address Springfield, Mo. Date signed 10/2/45

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

9265

784

15

MS APR 16 1956

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.....

Licensed Embalmer No.....

P. O. Address.....

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.