V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42102

FILED JAN 9 1946

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 330

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 235 South Quincy
(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 53 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Pettis.

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

(d) Street No. 225 South Quincy,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Schlaffer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dora Schlaffer

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

7. Birth date of deceased October (Month) 25 (Day) 1865 (Year)

8. AGE: Years 80 Months 1 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) Austria (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Austria (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Austria (State or foreign country)

16. (a) Informant John Schlaffer
(b) Address 235 S. Quincy, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia, Missouri

19. (a) 12-8-45 (Date received local registrar) (b) A. J. Campbell (Registrar's signature)

1456

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day Ist. year 1945 hour 11.45 A.M. minute M.

21. I hereby certify that I attended the deceased from November, 9, 1945, to December, 1, 1945, that I last saw him alive on December, 1, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute heart attack, xxx xxx	1 week.
Due to xxx Coronary sclerosis, acute dilation.	1 week.
Due to Senile changes. Gradual onset.	for dilatation.

Other conditions No.
(Include pregnancy within 3 months of death)
xxx

Major findings:
Of operations No operation.
xxx
Of autopsy No autopsy.
xxxx

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) None.

(b) Date of occurrence xxxx

(c) Where did injury occur? No injury. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No injury. (Specify type of place)

While at work? xxxx (e) Means of injury xxxx

23. Signature C. B. Brader (M. D. or D. O.) M.D.

Address Sedalia, Missouri. Date signed 12-4-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-5-46

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 K. P. McCrary

Licensed Embalmer No. 3158

P. O. Address Sedalia 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.