S. No. 2
M—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3357

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4256

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 6

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Chaffee (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 110 Keck Ave (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 4 years

2. USUAL RESIDENCE OF DEACESED:
(a) State Mo (b) County Scott 100
(c) City or town Chaffee (If outside city or town limits, write "RURAL") 1
(d) Street No. 110 Keck Ave (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William SCHAFER
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 married
6. (b) Name of husband or wife Josephine Schafer
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased June (Month) 20 (Day) 1880 (Year)
8. AGE: Years 65 Months 6 Days 21 If less than one day hr. min.
9. Birthplace Homburg (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Bertel Schafer
13. Birthplace Homburg (City, town, or county) Mo (State or foreign country)
14. Maiden name Mary KERN
15. Birthplace not record (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. W. Schafer
(b) Address Chaffee Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Union Sch. Chaffee Mo
18. (a) Signature of funeral director M. Stuth
(b) Address Chaffee Mo
19. (a) 1/18/46 (Date received by local registrar) (b) G B MacCready (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1946 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan 1 1946, to Jan 5 1946 that I last saw him alive on Jan 5 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	?
Due to	
Due to	
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.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Mabel M. Delzene (M. D. or other) D.O.
Address Chaffee Mo Date signed 1/12/46

2 9 B (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 246-155
Date Filed 2-5-46

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 C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, M

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.