

FILED NOV 7 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 178

Primary Registration District No. 5666

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Rural, Union Township.
(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
(Specify whether
In this community 61 - 9 - 21
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Nellie A. Schaffer

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Schaffer 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased December 26th 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 21 hr. min.

9. Birthplace La Grange, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name Charles A. Klusmeier
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Zeller
15. Birthplace Hannibal Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Schaffer
(b) Address La Grange, Missouri.

17. (a) Burial (b) Date thereof 10/19/46.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation La Grange Missouri.

18. (a) Signature of funeral director A. H. Roberts
(b) Address La Grange, Missouri.

19. (a) 10/22/46 (b) D. W. Jennings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 17
o year 1946 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from OCT 19 1946 to OCT 17 1946
that I last saw her alive on OCT 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
CHRONIC INTERSTITIAL NEPHRITIS HYPERTENSIVA

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 31R

Duration

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. L. & Mary M. D. (M. D. or other)
Address La Grange, Mo. Date signed 10/19/46

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

MOTHER FATHER

JAN 1 1965

RECEIVED
District Health Officer No. 70
District File Number 18-46-1949
Filed OCT 31 1946

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.....

A.A. Roberts....., Registered Apprentice No.....
working under my personal supervision.

Signed A.A. Roberts.....

Licensed Embalmer No. 1626.....

P. O. Address La Grange, Missouri......

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.