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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 26 1946
Registration District No. 157

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37483
Registrar's No. 236

Primary Registration District No. 5584

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rural - McDonald Twn.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #2, Sarcxie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 3 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Rural - McDonald Twn.
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2, Sarcxie
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VINCIENT M. SCHEMBERA
(b) If veteran, name war NONE
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 18
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Clara Baker Schembera
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased March 17, 1883
(Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion -
Due to shock from
fire at farm home
which was burned
to ground.
PHYSICIAN'S SIGNATURE: [Signature]
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
63 8 0 hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

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

16. (a) Informant James Schembera
(b) Address Route #1, Joplin, Mo.

17. (a) Burial (b) Date thereof 11-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Agnes Cemetery

18. (a) Signature of funeral director Ulmer Funeral Home

(b) Address Carthage, Missouri

19. (a) 11-19-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 11/17/46
(c) Where did injury occur Jasper Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm Home
Specify type of place: _____
While at work? No. (e) Means of transport Auto
3. Signature [Signature] (M. D. or other) MD
Address 2114 Joplin Date signed 11/18/46

46-11-934

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.