

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 days
In this community 65 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1611 Buchanan Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lillie Schafer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Charles H. Schafer 6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 30, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 0 6 hr. min.

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

10. Usual occupation At home

11. Industry or business at home

MOTHER { 12. Name Daniel Lyle
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Betty Brown
15. Birthplace Gentry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tilghman Freed
(b) Address Allentown, Pennsylvania.

17. (a) Burial (b) Date thereof 2/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Walter R. Gale & Bowman
(b) Address St. Joseph, Mo.

19. (a) 2-11-47 (b) W. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1947 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan. 3, 1947 to Feb. 6, 1947
that I last saw him alive on Feb. 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of L. hip Duration 34 days
Bacteremia 2 wks
(Staphyloc. & Streptococ)
Septicemic Ulcers 1 mo.
(infected)
Other conditions Arthritis chr. many
(Include pregnancy within 3 months of death)
Atherosclerosis gen arteries
Major findings: subcapital
fracture of L. femur
Of autopsy W. L. Jenkins
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) accident B1
(b) Date of occurrence Jan. 3, 1947
(c) Where did injury occur? St. Joseph, Buchanan, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In her home

(Specify type of place)
(e) While at work? no (c) Means of injury Fall on floor

23. Signature S. T. Bloomer (M. D. or other) M.D.
Address 1218 N. 32 St. Joseph Date signed 2/16/47

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

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..... *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *3195 10th St Joseph, 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.