

FILED JAN 14 1948

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 170

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: H. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 minutes
(Specify whether
In this community all his life
years, months or days)

3. (a) PRINT FULL NAME Edward C. Scharfenberg

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie Scharfenberg
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March 19 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 3 19 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Edward Scharfenberg

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Kate Revo

15. Birthplace Meir, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Scharfenberg

(b) Address Union Rural Route

17. (a) Burial (b) Date thereof Dec 29, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation From Concord Church cemetery

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

(b) Address Union, Mo.

19. (a) 12/27/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
(c) City or town Union Rural Route
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26
year 1947 hour 12 minute PM

21. I hereby certify that I attended the deceased from Dec 12-26 1947 to 12-26 1947
that I last saw him alive on 12-24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Coronary sclerosis

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 9.4A

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?

23. Signature J. M. Lenny (M. D. or other) MD
Address Union Mo Date signed 12-27-47

Duration 1 hr
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

6
5
2

RECEIVED
District Health Officer No. 9,
District File Number. 1-12-48
Case filed

EXAM 1 E 1948

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.....

Harlan A. Johannaker, Registered Apprentice No. 474,
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2464

P. O. Address Washington 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.