S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11802

FILED APR 16 1948

Registration District No. 3

Primary Registration District No. 5-214

Registrar's No. 5-

1. PLACE OF DEATH:
(a) County Carter
(b) City or town Rural
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Carter
(c) City or town Rural 18
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bertha Schaefer
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F/
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife H. D. Schaefer
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Sept (Month) 22 (Day) 1910 (Year)

8. AGE: Years 37 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Carter Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name L. L. Lunn
13. Birthplace Ill. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Carnahan
15. Birthplace Carter Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant H. D. Schaefer
(b) Address Ellsinore, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Harmony
18. (a) Signature of funeral director Phil Arleickel
(b) Address Van Buren Mo.
19. (a) Mar. 18. 48 (Date received local registrar) Mrs Orta Henson (Registrar's signature) 50

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
year 1948 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 0
0, 19, to 0, 19;
that I last saw h alive on 0, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to Measels	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 55	
Of autopsy	

PHYSICIAN
Underline the cause of 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 3

23. Signature Seaton Pewitt (~~M. D. or other~~) Cor
Address Van Buren Mo Date signed 3-18-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 448269
4/13/48

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~~ 3-14-48

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Phil A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.