

Registration District No. _____

Primary Registration District No. 5883

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Bonnots Mill, Mo
(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 All Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
(c) City or town Bonnots Mill,
(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 Mary Katherine Schaefer
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 John Schaefer 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Aug. 24 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 16 hr. min.

9. Birthplace Normandy, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Wuelling
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Meier
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Schaefer
(b) Address Bonnots Mill, Mo.

17. (a) Burial (b) Date thereof 12/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonnots Mill, Mo.

18. (a) Signature of funeral director Ladyde M. ...
(b) Address Linn, Mo.

19. (a) 12/16/48 (b) F. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 th
year 1948 hour 2:50 minute P. M.
21. I hereby certify that I attended the deceased from Nov 1
1946 to Dec 10 1948
that I last saw her alive on Jan 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration year
cardiac

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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 Dean A. ... (M. D. or other) MD
Address Jefferson City Date signed 12-11-48

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

Date Filed
DEC 29 1948

District File Number

District Health Officer No. 9,
RECEIVED

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Leim, 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.