

REC'D JUN 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20077
Do not use this space.

1. PLACE OF DEATH
(a) County Webster Registration District No. 896
(b) Township _____ Primary Registration District No. 7542 Registered No. 16
(c) City Marshfield (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Gladys Viola Scheets
(a) Residence, No. 309 Lucas St. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Scheets
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1912
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 0 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bison, S.D.

13. NAME Bert Kleopfer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Minnie Noller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Bert Kleopfer (ADDRESS) Summersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Oakside Cem. PLACE Oakside, Mo. DATE May 1, 1939

19. FUNERAL DIRECTOR (NAME) Hal Thornburgh (ADDRESS) West Plains, Mo.

20. FILED May 17, 1939 Elizabeth Hughes (Address) Marshfield, Mo.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1939, to April 30, 1939

I last saw her alive on April 30, 1939. Death is said to have occurred on the date stated above, at 9:15 P.

The principal cause of death and related causes of importance were as follows:

Tubercular Laryngitis
general debility

Date of onset

unknown

Other contributory causes of importance: _____

Name of operation " _____ Date of _____
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. H. Spencer M. D. 11.0
(Address) Marshfield, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1309

Date Filed JUN 13 1939

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,

Hal Thornburgh

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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, above space should be left blank.