

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

39384  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Cole Registration District No. 213  
 (b) Township Jefferson Primary Registration District No. 3014 Registered No. 258  
 (c) City Jefferson City, Mo. (d) Street No. St. Mary's Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Marie Scheppers  
 (a) Residence, No. Westphalia, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Scheppers  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 21, 1879  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 2 9  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Westphalia, Mo.  
 FATHER 13. NAME Herman Hoer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westphalia, Mo.  
 MOTHER 15. MAIDEN NAME Christine Fectel  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westphalia, Mo.  
 17. INFORMANT (ADDRESS) Herman Scheppers  
Westphalia, Mo.  
 18. BURIAL, CREMATION OR REMOVAL PLACE Westphalia, Mo. DATE 11/3/39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrichs  
Jefferson City, Mo.  
 20. FILED 11/7/1939 D. A. Beaufort M. D.  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/30/39 1939  
 2. I HEREBY CERTIFY, That I attended deceased from June 1, 1939 to October 30, 1939  
 I last saw her alive on October 30, 1939. Death is said to have occurred on the date stated above, at 11:30 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of the rectum Date of onset 4 1/2  
 Other contributory causes of importance: Intestinal obstruction  
 Name of operation Colostomy Date of 10-23-39  
 What test confirmed diagnosis? Biopsy 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. A. Beaufort M. D.  
 (Address) Jefferson City, 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.

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**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.....

..... John F. Heinrichs ....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John F. Heinrichs*

..... Licensed Embalmer No. 3655 .....

..... P. O. Address Jefferson City, 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.