

JAN 17 1940

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

4002
Do not use this space.

1. PLACE OF DEATH
(a) County Shelby Registration District No. 831
(b) Township Black Creek Primary Registration District No. 4504
(c) City Shelbyville (d) Street No. _____ 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 Frank Lee Schofield
(a) Residence, No. _____ 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 Male 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 Ella Schofield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 14 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber

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) Marion Co. Mo.

13. NAME Ellis Schofield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

15. MAIDEN NAME Sarah Elizabeth Barber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Ella Schofield
Shelbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE O. O. P. Cemetery DATE Jan. 5, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. P. Thompson
Shelbyville, Mo.

20. FILED Jan 4, 1940 Paul Goe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 3 - 1940

22. I HEREBY CERTIFY, that I attended deceased from Dec. 31, 1939 to Jan 3, 1940
I last saw him alive on Jan 3, 1940 Death is said to have occurred on the date stated above, at 5:30 p. m.
The principal cause of death and related causes of importance were as follows:
Apoplexy

Other contributory causes of importance:
Arteriosclerosis & Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

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) P. C. Greber M. D.
(Address) Shelbyville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.
50M-9-19-33
I X16903

RECEIVED

District Health Officer No: 10

District File No. 1-40-191
Date Filed JAN 16 1940

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 E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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.