

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

6702
Do not use this space.

1. PLACE OF DEATH

(a) County Green Registration District No. 318
 (b) Township _____ Primary Registration District No. 5489 Registered No. 212
 (c) City Springfield (d) Street No. Farmers Private Sanitarium
 (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

(a) Residence, No. Monett, 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Scheffler (deceased)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2, 1887</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>8</u>
	DAYS <u>26</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Turin Italy</u>		
FATHER	13. NAME <u>Joseph L. Averro</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
MOTHER	15. MAIDEN NAME <u>Ugalina Bartrand</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
17. INFORMANT <u>Ms. F. A. Maggi</u> (ADDRESS) <u>1739 College - Springfield Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Galvany Catholic Cem</u> DATE <u>March 2, 1940</u>		
19. FUNERAL DIRECTOR <u>Callaway</u> (ADDRESS) <u>Monett, Mo.</u>		
20. FILED <u>2/28/1940</u> <u>Chas. A. George</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1940, to 2-28, 1940
 I last saw her alive on 2-28, 1940 Death is said to have occurred on the date stated above, at 6:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocardial degeneration Date of onset ?
Had had pneumonia recently 1-20-40

Other contributory causes of importance: 930
Arterio-sclerosis
Chronic gastritis
Senile changes

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) A. Heitbauer M. D.
 (Address) Springfield, 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.

I X12004

50M-7-20-37

STATEMENT BY LICENSED EMBALMER

I, J. P. Buchanan

Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by.....

Registered Apprentice No.

working under my personal supervision.

Signed.....

J. P. Buchanan

Licensed Embalmer No. 3179

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.)

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