

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.

26
FILED APR 7 1940

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

10727
Do not use this space.

1. PLACE OF DEATH
 (a) County Cole Registration District No. 215
 (b) Township Liberty Primary Registration District No. 5295
 (c) City Taos, Mo. (d) Street No. Taos, Mo. 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 Joseph Bernard Schaefer
 (a) Residence, No. Taos, 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 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 Jennie Schaefer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 17, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
48 5 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Carpenter
 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) Taos, Mo.

FATHER
 13. NAME Jacob Schaefer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loose Creek, Mo.

MOTHER
 15. MAIDEN NAME Theresa Huhn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taos, Mo.

17. INFORMANT Mrs. Joseph Schaefer
 (ADDRESS) Taos, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Taos, Mo. DATE 3/4/40

19. FUNERAL DIRECTOR (NAME) John F. Heinrichs
 (ADDRESS) Jefferson City, Mo.

20. FILED 4-2 1940 Jacob Schaefer
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/1/40.

22. I HEREBY CERTIFY, That I attended deceased from 3/1 1940, to 3/1/4 1940,
 I last saw him live on 3/1 1940. Death is said to have occurred on the date stated above, at 4 P.M., m.
 The principal cause of death and related causes of importance were as follows:
apoplexy
probably urebriety and overindulgence
 Other contributory causes of importance:
apoplexy
probably urebriety and overindulgence

Name of operation apoplexy Date of 3/1/40
 What test confirmed diagnosis? apoplexy 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) L. A. G. Meyer M. D.
 (Address) Jefferson City Mo

MAY 1 1951

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.....

John F. Hennrich

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.