

No. 2
11-10-39
5-10-19
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14933

State File No.

Registrar's No.

396

Registration District No. 315

Primary Registration District No. 2001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 hours
(Specify whether)

In this community 13
years, months or days

3. (a) PRINT FULL NAME Mary J. Schofield

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife W. Schofield

6. (c) Age of husband or wife if alive years

7. Birth date of deceased march 11th 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Benton Co. Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Elihu Anthony

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Audie Ingram

(b) Address Edinburg, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 4-29-40
(Month) (Day) (Year)

(c) Place: burial or cremation Isabella

18. (a) Signature of funeral director O. B. McClure

(b) Address Edinburg, Mo.

19. (a) April 29, 1940
(Date received local registrar)

W. E. Handley M.D.
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ozark

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th
year 1940 hour 16 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4-26, 1940, to 4-27, 1940; that I last saw him/her alive on 4-27, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Drropay

Due to _____

Due to _____

Other conditions 1940
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? yes

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. L. Hooper (M. D. or other) _____

Address Springfield Date signed 4-28-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

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