. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 19706

Registration District No. 816 Primary Registration District No. 6065 Registrar's No. 13

**1. PLACE OF DEATH:**
(a) County Scott Kelso Mo
(b) City or town Chaffee R F D 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 30 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Scott
(c) City or town Kelso - 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.

3. (a) PRINT FULL NAME MARCUS SCHAEFER 160
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Clara
6. (c) Age of ~~husband~~ or wife if alive 29 years
7. Birth date of deceased Nov. (Month) 22 (Day) 1906 (Year)

8. AGE: Years 33 | Months 5 | Days 8 | If less than one day hr. min.

9. Birthplace Scott (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business 6
FATHER
12. Name Joseph Schaefer
13. Birthplace Scott (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Carlyne Heisserer
15. Birthplace Scott (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Clara Schaefer
(b) Address Chaffee R F D
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3/40 (Month) (Day) (Year)
(c) Place: burial or cremation Kelson Mo
18. (a) Signature of funeral director T. S. Heisserer 160
(b) Address Oran Missouri
19. (a) 5/1 735 (Date received local registrar) (b) [illegible] #820 (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 30th year 1940 hour 6 minute 05 P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Crushed chest, internal injuries | |
| Due to: Barn falling in during storm on ~~May~~ apr 30/40 | |
| Due to: about 6 P.M. | |
| Other conditions (Include pregnancy within 3 months of death) 187 | |
| Major findings: Of operations — 11 | |
| Of autopsy none | |

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 30th 1940
(c) Where did injury occur? Kelso (City or town) Scott (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home Farm (Specify type of place)
While at work? Yes (e) Means of injury Tornado
23. Signature John P. Nunneler Jr. (M. D. or other) Coroner
Address Charleston Mo Date signed Scott County 5/1/40

W. O. Finney 816 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 640-108
Date Filed 6/3/40

## 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 Harvey J. Johnson

Licensed Embalmer No. 3704

P. O. Address Sikeston, 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.**