

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14344

State File No.

Registration District No. 212

Primary Registration District No. 5292

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Brazito, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. F. D. Brazito, Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 months years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Brazito, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life. years.

3. (a) PRINT FULL NAME JACOB SCHAEFER
3. (b) If veteran, name war XX 3. (c) Social Security No. XX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 24 year 1941 hour 6 P.M. minute P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Katherine Huhn 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 9 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 23 1941 to Mar 24 1941;
that I last saw him alive on Mar 23 1941 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 9 15 hr. min.

Immediate cause of death Mitral regurgitation and pleuritis chr
Due to Old age
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Loose Creek, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired
11. Industry or business Carpentering

MOTHER FATHER { 12. Name Wm. Christopher Schaefer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anne Seamon
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy no
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Joseph Strauch
(b) Address R. F. D. Brazito, Mo.
17. (a) Burial (b) Date thereof 3/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Taos, Mo.

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature L. A. Meyers (M. D. or other) _____
Address Jefferson City, Mo. date signed 3/28/41

18. (a) Signature of funeral director John F. Hainisch
(b) Address Jefferson City, Mo.
19. (a) _____ (b) Mrs. W. L. Brown
(Date received local registrar) (Registrar's signature)

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

EST. L. 1917

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 Levent E. White

Licensed Embalmer No. 4168

P. O. Address 712 E. High

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, fact should be so stated above.

Jefferson City