

Registration District No. 470

Primary Registration District No. 5633

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Mo. State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days
(Specify whether

In this community X
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town St. Clair
(If outside city or town limits, write "RURAL")

(d) Street No. Star Route
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1/2 years.

3. (a) PRINT FULL NAME Guy Edwin Scharfenberg

3. (b) If veteran, name war No

3. (c) Social Security No. X

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov. 22 1914
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1941 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from 3-17
....., 1941, to 4-12, 1941
that I last saw him alive on 4-12, 1941
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>26</u>	<u>5</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions 13/12
(Include pregnancy within 3 months of death)

9. Birthplace Union O Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Ed Scharfenberg

13. Birthplace Union O Mo
(City, town, or county) (State or foreign country)

14. Maiden name Maxine Bisse

15. Birthplace St. Louis O Mo
(City, town, or county) (State or foreign country)

16. (a) Informant E. M. Michael Rural Clerk

(b) Address Mt. Vernon Mo

17. (a) Removal (b) Date thereof Apr 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair Mo

18. (a) Signature of funeral director Geo B Orr

(b) Address Mt. Vernon Mo

19. (a) 4-13-1941 (b) P.A. HOLMES
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy Pulmonary TBC

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?
4/21 While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature H. L. Coffman (M. D. or other) Om D

Address Mt. Vernon Mo Date signed 4/12/41

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

3-0-0

RECEIVED

District Health Officer No. 6,

District File Number 541-733

Date Filed MAY 7 1945

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mr. Remon Dr.

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.