No. 2
1-13-40
-17-39
X23159

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

FILED JUL 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21699

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 491

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: 805 S. Florence (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 29
(c) City or town: Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No.: 805 S. Florence (If rural, give location) 16
(e) If foreign-born, how long in U. S. A.? ..... years. 0

3. (a) PRINT FULL NAME: CHARLES HENRY SCHOLFIELD
3. (b) If veteran, name war: None
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: Maude Scholfield
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: August (Month) 7 (Day) 1878 (Year)

8. AGE: Years 62 | Months 10 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace: Girard (City, town, or county) / Kansas (State or foreign country)
10. Usual occupation: Voice Instructor
11. Industry or business: .....
FATHER
12. Name: James Scholfield
13. Birthplace: Crawford Co. (City, town, or county) / Kansas (State or foreign country)
MOTHER
14. Maiden name: Martha Sifter
15. Birthplace: Unknown (City, town, or county) / England (State or foreign country)
16. (a) Informant: Mrs. Maude Scholfield
(b) Address: 805 S. Florence Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 15 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park
18. (a) Signature of funeral director: Unique
(b) Address: Springfield Mo.
19. (a) 6-15-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th year 1941 hour 3:30 minute P.M.
21. I hereby certify that I attended the deceased from June 12, 1941, to June 13, 1941 that I last saw him alive on June 13, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Hypertension	Unknown
Due to Arteriosclerosis	"
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: [illegible] (M. D. or other)
Address: 542 Med. Arts Bldg. Springfield Mo. Date signed 6-14-41

(Licensed Embalmer's Statement on Reverse Side)

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

Self, Registered Apprentice No.

working under my personal supervision.

Signed R H Greene

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.