No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28301

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 647

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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: Burge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 039

(a) State Missouri (b) County Greene 7

(c) City or town Springfield 6 (If outside city or town limits, write "RURAL")

(d) Street No. 1206 N. Clay. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Emma Louise Scharpf

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 7

6. (b) Name of husband or wife Husband Fred Scharpf (Dec)

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

7. Birth date of deceased July (Month) 18 (Day) 1860 (Year)

8. AGE: Years ✓ 81 Months 0 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace Prairie DeChien (City, town, or county) Wis. 1 (State or foreign country)

10. Usual occupation In Home

11. Industry or business

FATHER
12. Name Henry Wiebrecht
13. Birthplace No Data (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Louise Reik
15. Birthplace No Data (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant George Scharpf (Son)

(b) Address Springfield Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/41 (Month) (Day) (Year)

(c) Place: burial or cremation Charles City Iowa

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield Missouri;

19. (a) 8-11-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1941 hour 1:15 minute A M.

21. I hereby certify that I attended the deceased from April 21, 1941, to Aug 9, 1941; that I last saw her alive on 8-8-41, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	24 hrs
Due to Cor Pulmonale	10 yrs
Due to Pulmonary Emphysema	20 yrs
Other conditions Pleural Tumor (Include pregnancy within 3 months of death)	9

Major findings:
Of operations 113
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 0

23. Signature [signature] (M. D. or other)

Address Springfield Mo. Date signed 8-9-41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wayne Hinkle

Licensed Embalmer No. 5446

P. O. Address Springfield Mo

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

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