No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 4 1941

Registration District No. 213

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34729

Primary Registration District No. 3014

Registrar's No. 293

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1. PLACE OF DEATH:

(a) County Cole

(b) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. MARY' S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution TWO WEEKS (Specify whether years, months or days)
In this community TWO WEEKS

2. USUAL RESIDENCE OF DECEASED: 26

(a) State MISSOURI (b) County COLE

(c) City or town OSAGE BLUFF? MO.
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE SCHEFFEL

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 SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years ABOUT 94 YEARS OLD Months Days If less than one day hr. min.

9. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant EDWIN BODE
(b) Address JEFFERSON CITY, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/14/41 (Month) (Day) (Year)
(c) Place: burial or cremation RIVERVIEW CEMETERY

18. (a) Signature of funeral director John F. Heisch
(b) Address JEFFERSON CITY, MO.

19. (a) Oct-17-1941 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 10 year 1941 hour 5.25 minute ~~10~~ P. M.

21. I hereby certify that I attended the deceased from Oct 1 1941, 1941 to Oct 11 1941, 1941; that I last saw him alive on Oct. 10 1941, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia, lobar.	
Due to	
Due to	
Other conditions Fractured left hip (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 076
(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 Thomas J. Kelly (M. D. or other) Jr
Address Jefferson City, Mo. Date signed Oct 15 1941

(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 Sylvester Quille, Registered Apprentice No. 292 working under my personal supervision.

Signed John F. Heick

Licensed Embalmer No. 3655

P. O. Address Jefferson City,

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

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

. S. No. 2B
OM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34729

Registration District No. 213 Primary Registration District No. 3014 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Scheffel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased unk. (Month) (Day) (Year)

8. AGE: Years 94 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute 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 Pneumonia-Lobar	
Due to 1864	
Due to 10	
Other conditions (Include pregnancy within 3 months of death) Fracture of left hip	
Major findings: Of operations None	
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)

(b) Date of occurrence Sept. 31st 1941

(c) Where did injury occur? Osage County (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work No (e) Means of injury Fall

23. Signature Thomas J. Kelly (M. D. or other) MD

Address Jefferson City Mo. Date signed Dec 9th 1941