

No. 2
9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26869
State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 239

6
1
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town _____
(c) Name of hospital or institution: St. Francis O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
-In this community 1 week
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State mo. (b) County Scott
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Between Commercial & Charleston, mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLARENCE-ARNOLD-SCHAEFER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or Race WHITE 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased July 1 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 10 hr. min.

9. Birthplace Cape Girardeau mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Arnold Joseph Schaefer

13. Birthplace Oran mo. O
(City, town, or county) (State or foreign country)

14. Maiden name Christine Weismuller

15. Birthplace Kelso mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Christine Schaefer

(b) Address Commerce, mo.

17. (a) Burial (b) Date thereof 8 13 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton, mo.

18. (a) Signature of funeral director Walth's Und. Co.

(b) Address 260 N. Middle
8-12-42 (c) J. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1942 hour 3 minute 40 a. M.

21. I hereby certify that I attended the deceased from July 29, 1942 to Aug 11, 1942
that I last saw him alive on Aug 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Colitis Broncho-pneumonia
Duration 14 days 3 days

Due to _____

Due to 119A

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy no 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? _____

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

23. Signature R. Q. Bitters, M.D. (M. D. or other)
Address Cape Girardeau mo. Date signed 8-12-42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 942-1172
Date Filed 9-9-72

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.....

Licensed Embalmer No.....

P. O. Address.....

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.