

MAY 10 1943

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **131**

1. PLACE OF DEATH:

(a) County **Cape Girardeau, Mo**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Francis Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 minutes**
(Specify whether
In this community **15 minutes**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**
(c) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL")
(d) Street No. **St. Francis Hospital**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Ann Schafer

3. (b) If veteran, name war _____

3. (c) Social Security No. **none**

4. Sex **Female** 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 **April 28 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 hr. **15** min.

9. Birthplace **Cape Girardeau Mo: 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **child**

11. Industry or business _____

MOTHER FATHER { 12. Name **George Schafer**
13. Birthplace **Scott County, Mo. 0**
(City, town, or county) (State or foreign country)
14. Maiden name **Clara Miller**
15. Birthplace **Scott County, Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **George M. Schaper**
(b) Address **Box 2, Cape Girardeau, Mo.**

17. (a) **Burial** (b) Date thereof **April 29, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's Cemetery**

18. (a) Signature of funeral director _____

(b) Address **Cape Girardeau Mo.**

19. (a) **4-29-43** (b) **J. W. Phelps**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **28**
year **43** hour **11** minute **15** P.M.

21. I hereby certify that I attended the deceased from **4/28 1943** to **4/28 1943**
that I last saw him/her alive on **4/28 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
REMOTARITY

Due to _____
Due to _____
159

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

Major findings: Of operations _____
Of autopsy _____

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)
(c) Means of injury _____

23. Signature **J. W. Phelps** (M. D. or other) **MD**
Address **Cape Girardeau** Date signed **4/29/43**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

16
1
9

RECEIVED

District Health Officer No. 4
District File Number 543-2206
Date Filed 5-7-43

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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed C. J. Lorberg
Licensed Embalmer No. 3810
P. O. Address Cape Girardeau, Mo.

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.