

FILED JUL 9 1943

Registration District No. 5te

Primary Registration District No. 5201

State File No. _____

Registrar's No. 5te

1. PLACE OF DEATH:

(a) County... Carroll

(b) City or town... Rural: Do with Jun
(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)

In this community... Most of her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Carroll

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

(d) Street No. 1/2 mile S and West of Route
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET SCHOFIELD

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 widowed

6. (b) Name of husband or wife Dan Schofield

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

7. Birth date of deceased Dec 5 1853
(Month) (Day) (Year)

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

89 5 28 hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name John Sarrah

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

14. Maiden name Susan Moore

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

16. (a) Informant Mrs. E. G. Winfrey

(b) Address Berrett Mo.

17. (a) Burial (b) Date thereof June 6 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emerus Cemetery

18. (a) Signature of funeral director Willis Marshall

(b) Address Carrollton Mo.

19. (a) June 6 - 43 (b) Hester Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1943 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 3 1943 to June 9 1943
that I last saw her alive on June 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Cardiac Asthma

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

Major findings: Of operations _____
Of autopsy 14

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) Manner of injury _____

23. Signature W. B. Brown (M. D. or other)
Address 1000 W. 1st St Date signed June 5 1943

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

1700

801

RECEIVED

District Health

Office No. 8

File Number

Filed 2-8-43

AUG 9 1943

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 myself.

....., Registered Apprentice No.
working under my personal supervision.

Signed P. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.