

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28050

AUG 25 1943

Registration District No. Mansuryy

Primary Registration District No. 3016

State File No.

Registrar's No. 167

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:
701 Jefferson
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 7 1/2 Months
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
 (c) City or town Jefferson City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 701 Jefferson Street
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Julius W. Scharfenberg3. (b) If veteran, name war _____ 3. (c) Social Security No. 459-20-55704. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced? ?

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

7. Birth date of deceased Feb 7 1878
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
65 6 6 hr. min.9. Birthplace Davenport, Iowa
(City, town, or county) (State or foreign country)10. Usual occupation Nurseryman

11. Industry or business _____

12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Carl(b) Address Jefferson City, Missouri17. (a) burial (b) Date thereof 8-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation City Cemetery18. (a) Signature of funeral director Therese Gordon(b) Address Jefferson City, Mo19. (a) 8-16-43 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 13
Year 1943 hour 10:00 minute _____ M.21. I hereby certify that I attended the deceased from _____
no attendancethat I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

SuicideDue to Drunk Suicide Poind

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 163 1/2

Major findings: _____

Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 8-13-43(c) Where did injury occur? Jefferson City, Mo
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
NoneWhile at work no (Specify type of place) _____ (e) Means of injury Prison23. Signature Edo Mausey (M. D. or other) _____Address Jefferson City, Mo Date signed 8-16-43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 *Louis Quest*

Licensed Embalmer No. *4096*

P. O. Address *Jefferson City*

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.