

**FILED MAR 25 1944**

Registration District No. **2043**

Primary Registration District No. **3043**

Registrar's No. **72**

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

**1. PLACE OF DEATH:**  
 (a) County **Marion Hannibal**  
 (b) City or town **Hannibal**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **St Elizabeth Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **xxxxx 1 day**  
 In this community **5 months**  
 years, months or days

**3. (a) PRINT FULL NAME** **Pearl Estell Schaeffer**  
**3. (b) If veteran,** name war **-**  
**3. (c) Social Security** No. **-**

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **R. W. Schaeffer**  
**6. (c) Age of husband or wife if alive** **3 1887**  
**7. Birth date of deceased** **December 3 1887**  
 (Month) (Day) (Year)

**8. AGE:**  
 Years **55** Months **2** Days **14**  
 If less than one day hr. min.

**9. Birthplace** **Marion County Missouri**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** **House Wife**

**11. Industry or business** **House Wife**

**MOTHER FATHER**  
**12. Name** **Frank Clouser**  
**13. Birthplace** **Illinois**  
**14. Maiden name** **Caroline Drescher**  
**15. Birthplace** **Marion County, Missouri**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **R. W. Schaeffer**  
**(b) Address** **Palmyra, Mo.**

**17. (a) Burial** **(b) Date thereof** **2/20/44**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Greenwood Cemetery**  
**18. (a) Signature of funeral director** **Leona Brown**  
**(b) Address** **Palmyra, Mo.**

**19. (a) 2/21/44** **(b) R. W. Connor**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Marion**  
 (c) City or town **Palmyra,**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH** Month **February** day **17**  
 year **1944** hour **6** minute **50** p. M.

**21. I hereby certify that I attended the deceased from** **Feb-13-**  
**1944**, to **Feb 17-** **1944**  
 that I last saw him alive on **Feb-17-** **1944**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** **Duration 3 days**

Due to **Chronic Tuberculosis & Pneumonia**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **1381**  
 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 \_\_\_\_\_  
 (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** **T. A. Rosell** (M. D. or other)  
 Address **Palmyra, Mo.** Date signed **2-17-44**

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**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..... *Robert Lewis* .....

Licensed Embalmer No. *2382* .....

P. O. Address *Palmyra 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.**