

FILED DEC 8 1944

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 270

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

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: St. Marys Hospicare
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 months
(Specify whether years, months or days) 22 years

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.: 215-Pine
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: Clara Sheffer Arcvitt

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

4. Sex: Female 5. Color: Wh 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Henry 6. (c) Age of husband or wife if alive: 83 years

7. Birth date of deceased: April 29 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
80	6	25		hr. min.

9. Birthplace: Fairbury Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business: At Home

12. Name: James E. Sheffer

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

14. Maiden name: Maria Kegelman

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

16. (a) Informant: N. P. Arcvitt

(b) Address: 215-Pine

17. (a) Burial (b) Date thereof: 11-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Riverview

18. (a) Signature of funeral director: Tanner Service

(b) Address: 700 Jefferson

19. (a) 12-1-44 (b) Thomas Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 24 year: 1944 hour: 1 minute: 30 P. M.

21. I hereby certify that I attended the deceased from 16 Nov 1944 to 19 Nov 1944 that I last saw her alive on Nov 23 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho pneumonia Duration

Grav. L. pneumonia

Due to: pneumonia

Due to: pneumonia

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

Major findings: Of operations: 1862 18

Of autopsy: _____

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

(a) Accident, suicide, or homicide (specify): Fall 121

(b) Date of occurrence: Nov 16, 1944

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place) (2) Means of injury

23. Signature: Thomas Richter (M. D. or other)

Address: 626 Jefferson Date signed: 11-23

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

Mary

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

12-7-44

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

J. Anderson

Licensed Embalmer No.

3641

P. O. Address

June

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.