

FILED MAR 16 1945

Registration District No. 331

Primary Registration District No. 4196-4202

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Grundy  
(b) City or town Speckard  
(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) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days 2 yrs

3. (a) PRINT FULL NAME Jacob Frederic Schoepflin

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased Mar. 5-1871  
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Farmer & Business man

11. Industry or business Farming

12. Name Martin Schoepflin

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

14. Maiden name Christine Schuber

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

16. (a) Informant H.P. Schoepflin

(b) Address Speckard, Mo

17. (a) Burial (b) Date thereof 2-6-1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Robt. Bayner, Son

(b) Address Galt, Mo

19. (a) Jul 5 1945 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy  
(c) City or town Speckard Mo (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 July day 3<sup>rd</sup> year 1945 hour 1 minute A M.

21. I hereby certify that I attended the deceased from February 1945 to February 2 1945  
that I last saw him alive on February 2 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cystitis

Due to Chronic nephritis

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

Other conditions (Includes 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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
Address Speckard Mo Date signed [Signature]

Duration  
month  
year

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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00  
0

1199

(Licensed Embalmer's Statement on Reverse Side)

1945

**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 P. K. Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

**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.**