

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** JUN 2 1946  
STANDARD CERTIFICATE OF DEATH

State File No. **19836**  
Registrar's No. **151**

Registration District No. **77** Primary Registration District No. **2016**

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. Mary's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day**  
(Specify whether  
In this community **1 year**  
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. **1915 Chicago Road**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John Henry Schriefer**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **October 17 1874**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **8** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Jefferson City, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Carpenter**

11. Industry or business \_\_\_\_\_  
12. Name **Heinrich Schriefer**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Henrietta ?**  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter J. Schriefer**  
(b) Address **Jefferson City, Missouri**  
17. (a) **Burial** (b) Date thereof **June-27-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Babtown, Missouri**

18. (a) Signature of funeral director **Walter J. Schriefer**  
(b) Address **Jefferson City, Missouri**  
19. (a) **6-26-46** (b) **W. J. Schriefer**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **25**  
year **1946** hour **11** minute **30 P** M.  
21. I hereby certify that I attended the deceased from **June 25 1946** to **June 25 1946**  
that I last saw him alive on **June 25 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Subacute Toxicology 6hr**  
**Disinjury of Liver**  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other cause **Disinjury - Toxicology 10 yrs**  
(Include pregnancy within 3 months of death)  
**Disinjury**

PHYSICIAN  
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 **W. J. Schriefer** (M. D. or other)  
Address **Jefferson City, Mo** Date signed **6/26/46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
18711

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-1-46

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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 *Amos Swanson Jr.*

Licensed Embalmer No. *441*

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.