

No. 2  
-12-45  
5-17-39  
I X47070

State File No. \_\_\_\_\_

Registration District No. 10

Primary Registration District No. 3001

Registrar's No. 11

1. PLACE OF DEATH:

(a) County ANDRAIN  
(b) City or town VANDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
402 EAST WASHINGTON  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 25 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ANDRAIN  
(c) City or town VANDALIA  
(If outside city or town limits, write "RURAL")  
(d) Street No. 402 EAST WASHINGTON  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11  
year 1947 hour 1 minute 20 P M.  
21. I hereby certify that I attended the deceased from  
Jan 1947, to May 11, 1947  
that I last saw her alive on May 11, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME MARY MATILDA SCHOFIELD  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife MARION SCHOFIELD  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased FEB 29 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 2 13 hr. min.

9. Birthplace Pike Co MISSOURI  
(City, town, or county) (State or foreign country)  
10. Usual occupation HOME MAKER

11. Industry or business \_\_\_\_\_  
12. Name WILBURN VEAH  
13. Birthplace UNKNOWN TENNESSEE  
(City, town, or county) (State or foreign country)  
14. Maiden name SUSAN BUTLER  
15. Birthplace BONKOR CO KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant Maryne Neal  
(b) Address 414 E. 54th Vandalia Mo  
17. (a) Burial (b) Date thereof MAY 13 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation VANDALIA CEMETERY  
18. (a) Signature of funeral director H. S. Tralus  
(b) Address Vandalia Mo  
19. (a) May 13 1947 (b) Mallie Fugue  
(Date received local registrar) (Registrar's signature)

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 H. H. Blaw (M. D. License) \_\_\_\_\_  
Address Vandalia Mo Date signed 5/26/47

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

RECEIVED  
District Health Officer No. 10  
District File Number 2-47-880  
Date Filed MAY 20 1947

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 Wm B. Water

Licensed Embalmer No. 4169

P. O. Address Wendell, 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.