

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

FILED OCT 21 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 3001

Registrar's No. 27

1. PLACE OF DEATH:

(a) County..... Audrain

(b) City or town Vandalia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
210 E. Union  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 6 or 7 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Vandalia  
(If outside city or town limits, write "RURAL")

(d) Street No. 210 E. Union  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLEY L. 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 Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased March 2 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>7</u>	<u>16</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Frederick Schriefer

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

14. Maiden name Carolina Von Behren

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

16. (a) Informant Mrs. Minnie Schmidt

(b) Address Vandalia Missouri

17. (a) Burial (b) Date thereof Oct. 20, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Missouri

18. (a) Signature of funeral director W. S. Water

(b) Address Vandalia Mo.

19. (a) Oct 18 1947 (b) Mallis Fugua  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18  
year 1947 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from Coroner's Case 19 Case 19 \_\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Was found dead in his bed surrounded by a physician. No evidence of any foul play. History of a Rheumatic condition. No drugs. Duration \_\_\_\_\_  
Due to or of violence no evidence  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

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? yes (Specify type of place) \_\_\_\_\_ (g) Means of injury none

23. Signature S. C. Tidona (M. D. or other) Coroner  
Address Oct 18-47 Mexico, Mo. Date signed 10-18-47

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

OCT 8 1949

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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.....

*Wm B. Waters*

Licensed Embalmer No.....

*4169*

P. O. Address.....

*Dardania M*

**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.**