

FILED DEC 17 1943

Registration District No. 225

Primary Registration District No. 6099

Registrar's No. 95

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

1. PLACE OF DEATH: *Schuylers*

(a) County: *Schuylers*

(b) City or town: *Rural Prairie Twp.*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *Home*
(If not in hospital or institution, write street number or location)

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

In this community: _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: *Mo.* (b) County: *Schuylers*

(c) City or town: *Rural Prairie Twp.*
(If outside city or town limits, write "RURAL")

(d) Street No.: *Home*
(If rural, give location)

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

If yes, name country: _____

3. (a) PRINT FULL NAME: *Nellie Schaefer*

3. (b) If veteran, name war: *✓*

3. (c) Social Security No.: *✓*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov* day *26*
year *1943* hour *30* minute *P.* M.

21. I hereby certify that I attended the deceased from *Oct 1* 19*42* to *Nov 19* 19*43*
that I last saw her alive on *Nov 17* 19*43*
and that death occurred on the date and hour stated above.

4. Sex: *Female*

5. Color or race: *white*

6. (a) Single, widowed, married, divorced: *married*

6. (b) Name of husband or wife: *Frank Schaefer*

6. (c) Age of husband or wife if alive: *58* years

7. Birth date of deceased: *Sept. 23 1881*
(Month) (Day) (Year)

Immediate cause of death: *Carcinoma of stomach*

Due to: _____

Due to: _____

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

8. AGE:	Years	Months	Days	If less than one day
	<i>62</i>	<i>2</i>	<i>3</i>	hr. min.

9. Birthplace: *Schuylers Co. Mo.*
(City, town, or county) (State or foreign country)

10. Usual occupation: *housewife*

MOTHER FATHER

11. Industry or business: _____

12. Name: *George Washington Galiton*

13. Birthplace: *West Virginia*
(City, town, or county) (State or foreign country)

14. Maiden name: *Heta Spears*

15. Birthplace: *W. Virginia*
(City, town, or county) (State or foreign country)

Major findings: *H6*

Of operations: _____

Of autopsy: _____

16. (a) Informant: *Mrs. John Schaefer*

(b) Address: *Lancaster, Mo.*

17. (a) *Burial* (b) Date thereof: *11 28 43*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *Thermana Cemetery*

18. (a) Signature of funeral director: *J. O. Fenton*

(b) Address: *Lancaster, Mo.*

19. (a) *Nov. 28 1943* (b) *A. Justice*
(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: *R. E. Vaughn* (M. D. or other) *D.O.*

Address: *Lancaster, Mo.* Date signed: *11/26/43*

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1278

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number: 12-43,2823

Date Filed DEC 15 1943

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

P. O. Tanton

Registered Apprentice No. *3705*

working under my personal supervision.

Signed *P. O. Tanton*

Licensed Embalmer No. *3705*

P. O. Address *Lancaster, 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.