

S. No. 2
OM-5-43
rv. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24498**
Registrar's No. **258**

FILED **MAY 19 1945**
Registration District No. **MO 49** Primary Registration District No. **30465796**

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

1. PLACE OF DEATH:
(a) County **MONITEAU**
(b) City or town **RURAL WALKER TOWNS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BRUSH CREEK
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **MONITEAU**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **BRUSH CREEK**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **CARL B. SCHAAF**
3. (b) If veteran, name was **WORLD WAR I** 3. (c) Social Security No. _____
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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **7** day **13**
year **1945** hour **6:30** minute _____ P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

7. Birth date of deceased **10 27 1900**
(Month) (Day) (Year)

Immediate cause of death **Drowned in creek**
Due to **fallen by overhanging rocks**
Due to _____
Other conditions **Crushed left hip**
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
44 8 15 hr. min.

Major findings: Of operations _____
Of autopsy **none** **1700-28**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace **MONITEAU Co. MISSOURI**
(City, town, or county) (State or foreign country)
10. Usual occupation **LABORER**
11. Industry or business _____
12. Name **CHARLES SCHAAF**
13. Birthplace **MONITEAU Co. MISSOURI**
(City, town, or county) (State or foreign country)
14. Maiden name **ELIZABETH GEMINDEN**
15. Birthplace **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Schaal**
(b) Address **Prarie Home mo**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-15-1945**
(Month) (Day) (Year)
(c) Place: burial or cremation **MONITEAU EVANCE M.**
18. (a) Signature of funeral director **C. ALBERT HOYNBECK**
(b) Address **PRARIE HOME mo**
19. (a) **7-19-45** (Date received local registrar) (b) **A J Allred** (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident 18**
(b) Date of occurrence _____
(c) Where did injury occur? **Moniteau Co. 1/2 mi N. W. of**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm in corn field
While at work? **yes** (Specify type of place) (e) Means of injury **Crushed**
23. Signature **A J Allred** (M. D. or other) **Prarie**
Address **Prarie mo** Date signed **8/16/45**

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 8-7-45

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

C. Albert Hornbeck

Licensed Embalmer No.

2714

P. O. Address

Prairie Home 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.