

APR 10 1941

Registration District No.

Primary Registration District No.

Registrar's No.

491

4298

1. PLACE OF DEATH

(a) County Lincoln
(b) City or town Troy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)
In this community In this community
years, months or days 5 weeks

3. (a) PRINT FULL NAME EMMA LOUISE SCHAPER

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 K.H. Schaper
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 10 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 9
If less than one day hr. min.

9. Birthplace Drake Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Casper Engelbrecht

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

14. Maiden name Anna Schloeman

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

16. (a) Informant George Schaper

(b) Address Troy Mo.

17. (a) Burial (b) Date thereof Mar 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zoar Cemetery

18. (a) Signature of funeral director Wayne McGuff

(b) Address Troy Mo.

19. (a) Mar 9 41 (b) Mrs. Pearl Muck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln

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

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1941 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from Feb - 10, 1941 to March 7, 1941
that I last saw him alive on March 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to

Due to Stroke

Other conditions Stroke
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No.

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?

440 (Specify type of place)
While at work? (e) Means of injury

23. Signature J. L. Kerch (M. D. or other)

Address Troy Mo. Date signed 3/8/41