

REC'D MAR 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Willems

6785
Do not use this space.

1. PLACE OF DEATH *Greene*

(a) County *Greene* Registration District No. *316*

(b) Township *Springfield* Primary Registration District No. *2001*

(c) City *Springfield* (d) Street No. *732 Lincoln* Registered No. *144*

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *MYRTLE J. SHAFFER 160*

(a) Residence, No. *732 Lincoln* St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*

4. COLOR OR RACE *White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Frank Shaffer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 3-1888*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

55 8 12

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *House Wife*

9. Industry or business in which work was done, as saw mill, bank, etc. *In home*

10. Date deceased last worked at this occupation (month and year) *✓*

11. Total time (years) spent in this occupation *✓*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

FATHER

13. NAME *E. R. Fawkes*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

MOTHER

15. MAIDEN NAME *Susan J. Crockett*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT (ADDRESS) *Mrs. Fessie Powell*
Marborne Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Carmel* DATE *Feb 19 1938*

19. FUNERAL DIRECTOR (ADDRESS) *W. K. Wagner*
Springfield Mo.

20. FILE *Feb 16 1938* *Chas. U. George*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 15 1938*

22. I HEREBY CERTIFY, that I attended deceased from *Nov 20 1937*, to *Feb 15 1938*

Last saw her alive on *July 14 1938*. Death is said to have occurred on the date stated above, at *8 a* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung primary

47

Other contributory causes of importance: *Chronic Nephritis*

Date of onset *11/20/37*

Name of operation *None* Date of *✓*

What test confirmed diagnosis? *✓* Was there an autopsy? *✓*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *No* Date of injury *✓*, 19 *✓*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *None*

Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased? *Yes*

If so, specify *Yes*

(Signed) *Wesley Willems*, M. D.

(Address) *Springfield Mo*

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)