

DESD JUL 14 1939

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

22069  
Do not use this space.

1. PLACE OF DEATH

(a) County..... FRANKLIN Registration District No. 295  
(b) Township..... BOONE-SOUTH Primary Registration District No. 5415A  
(c) City..... or..... (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 37 file 3

2. PRINT FULL NAME 160 GEORGE HENRY SCHAFFER

(a) Residence, No. Sullivan, Route St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 14, 1900</u>		
7. AGE	YEARS	MONTHS
	<u>38</u>	<u>7</u>
		DAYS
		<u>25</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farm Laborer.</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>June 1939</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) <u>Sullivan</u> 0 (STATE OR COUNTRY) <u>Missouri.</u> 6		
FATHER	13. NAME <u>Henry J. Schaffer</u> 6	
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> 0 (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Elizabeth Stelzer</u>	
	15. BIRTHPLACE (CITY OR TOWN) <u>Port Hudson</u> (STATE OR COUNTRY) <u>Missouri.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Elizabeth Schaffer.</u> <u>Sullivan, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Japan, Mo.</u> DATE <u>June 12</u> , 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Thos. P. Shaffer</u> (ADDRESS) <u>Sullivan, Mo.</u>		
20. FILED <u>June 10</u> , 19 <u>39</u> <u>O. H. ...</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1939.  
22. I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to....., 19.....  
I last saw h..... alive on....., 19..... Death is said  
to have occurred on the date stated above, at 6 A.M.  
The principal cause of death and related causes of importance were as follows:

TRAUMATISM BY GUNSHOT WOUND.  
SUICIDE. Head  
(center chin, upward)

Date of onset

Other contributory causes of importance:

169

Name of operation No. Date of.....  
What test confirmed diagnosis? Physical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Suicide Date of injury June 9, 1939

Where did injury occur? Franklin County, Mo.  
(Specify city or town, county, and State)

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

In Home.

Manner of injury Self inflicted Gunshot Wound

Nature of injury Fired both barrels thru head.

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify.....  
(Signed) Thos. P. Shaffer CORONER, M.D.

(Address) SULLIVAN, MISSOURI

RECORDS IS A PERMANENT RECORD

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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

*Edgar W. LaF*

Licensed Embalmer No. 3394

P. O. Address Sullivan, Mi

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure, with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

22069  
Do not use this space.

JAN 24 1940

1. PLACE OF DEATH

- (a) County Franklin Registration District No. 275/1104  
 (b) Township Boone Primary Registration District No. 5415A  
 (c) City..... (d) Street No..... St.  
 (e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 28 ~~275/1104~~

2. PRINT FULL NAME

- George Henry Schaffer  
 (a) Residence, No. Sullivan Road St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 7 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farm laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) June '39 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Missouri

13. NAME Henry J. Schaffer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Stelzer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Indiana Missouri

17. INFORMANT (ADDRESS) Mrs. Elizabeth Schaffer Sullivan Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Japan Mo DATE Jun 12 39

19. FUNERAL DIRECTOR (ADDRESS) Thomas Schaffer Sullivan Mo

20. FILED 1-15 1940 Clus A Schmitt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1939

22. I HEREBY CERTIFY, that I attended deceased from

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6 A m.

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

traumatism by gunshot wound suicide - head beneath chair upward

Other contributory causes of importance:

Name of operation no Date of.....

What test confirmed diagnosis? physical Was there an autopsy? no

If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury June 9, 1939

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

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

Manner of injury Self-inflicted gunshot wound in home

Nature of injury fatal shot through chest

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) J.P. Schaffer M. D.

(Address) Sullivan Mo

STATE OF MISSOURI, COUNTY OF FRANKLIN, CITY OF BOONE. I, CLAUDIA W. HARRIS, CLERK OF THE BOARD OF HEALTH, DO HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL AS FILED IN THE OFFICE OF THE CLERK OF THE BOARD OF HEALTH, CITY OF BOONE, MISSOURI, ON JANUARY 15, 1940.

