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OCT 18 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33362

Registration District No. 15

Primary Registration District No. 3039

Registrar's No. 243

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution?  
207 N Olive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Billy Roy Shaffer

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced —

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 9 29 40  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 2 hr 15 min.

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

10. Usual occupation 0

11. Industry or business 0

12. Name Wm H. Shaffer

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

14. Maiden name Jessie Taylor

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

16. (a) Informant Mrs. Roy McManis  
(b) Address 207 N Olive

17. (a) Burial (b) Date thereof 9/30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore

18. (a) Signature of funeral director Mark Bushinger

(b) Address Nevada Mo

19. (a) Oct 15 '40 (b) Allen Hays  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 207 N. Olive  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 30  
year 1940 hour 2 minute 15 a. M.

21. I hereby certify that I attended the deceased from 11:55 p.m.  
9-29 1940, to 9-30 1940,  
that I last saw h. alive on 9-30 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Premature birth (6 mo.)  
with failure of cardiac  
respiratory & heat  
center.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 10

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

795  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature W. H. Shaffer (M. D. or other) Mo.  
Address Nevada Mo. Date signed 10-7-40

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

10/18/40

RECEIVED

District Health Officer No. 7  
District File Number 10-40-1443  
Date Filed 10-8-40

**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

*Mark Eichinger*

Licensed Embalmer No. *2656-*

P. O. Address *Neenah, Wis.*

**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, above space should be left blank.**