

No. 2
11-10-39
5-17-39
1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37986

FILED DEC 16 1940

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 271

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
607 E. Cottonwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 years. years, months or days) 2

3. (a) PRINT FULL NAME Katherine Shafer

8. (b) If veteran, name war _____ 8. (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 Charles Shafer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 2 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Hevd Germany 6
13. Birthplace _____ (City, town, or county) (State or foreign country)

{ 14. Maiden name Filippina Rietz
15. Birthplace Germany 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Dear
(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 11-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Dee Riley
(b) Address Kirksville, Mo.

19. (a) Nov. 25/40 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 607 E. Cottonwood
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1940 hour 7:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from April 17
1940, to Nov. 12, 1940

that I last saw her alive on Nov. 12, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease Duration 20 yrs.

Due to Cystic Ovary 35 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?

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

23. Signature Ralph C. Everett (M. D. or other) D.O.
Address 314 S. Marion, Kirksville, Mo. Date signed 11/19/40

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

RECEIVED

District Health Officer No. 10

District File Number 12-40-2335

Date Filed DEC 14 1940

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 *Der Riley*

Licensed Embalmer No. *3908*

P. O. Address.....

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.