

Registration District No. **73**

Primary Registration District No. **5112**

Registrar's No. **153**

1. PLACE OF DEATH:

(a) County **Boone**  
(b) City or town **Columbia, Boone**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Columbia, Mo. Route 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **40** (Specify whether years, months or days)  
In this community **Entire Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Columbia, Mo. Route 10**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **WILLIAM R. SHAEFER**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Alice Delany** 6. (c) Age of husband or wife if alive **Deceased** years  
7. Birth date of deceased **Oct 29 1874**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **7** Days **9** If less than one day hr. min.

9. Birthplace **Boone County Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Physician**

MOTHER FATHER { 11. Industry or business \_\_\_\_\_

12. Name **August Shafer**

13. Birthplace **Boone County Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Road**

15. Birthplace **Boone County Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Max Woods**

(b) Address **Columbia Mo**

17. (a) **Burial** (b) Date thereof **June 9, '41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Columbia, Mo**

18. (a) Signature of funeral director **W. C. Suggitt**

(b) Address **Columbia Mo**  
19. (a) **6/7/41** (b) **Alice Delany**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6**  
year **1941** hour **12** minute **10** A.M.

21. I hereby certify that I attended the deceased from **June 6 1941** to **June 6 1941**  
that I last saw him **alive** on **June 6 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Organic Heart Disease**

Due to **✓**

Due to **✓**

Other conditions **✓**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **none**

Of autopsy **none**

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? **74** (Specify type of place) (e) Means of injury **✓**

23. Signature **J. C. Suggitt** (M. D. or other) **✓**  
Address **Columbia** Date signed **6-7-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

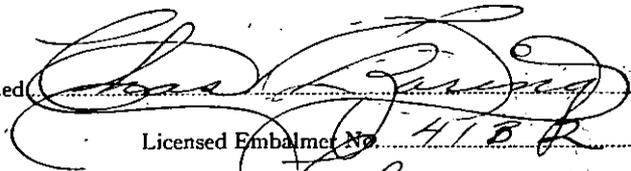
**STATEMENT BY LICENSED EMBALMER**

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



Licensed Embalmer No. 4182

P. O. Address Columbia, N.C.

**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, fact should be so stated above.**