

12-40
17-39
X23159

Registration District No. 678

Primary Registration District No. 5904

Registrar's No.

1. PLACE OF DEATH: CPHELESID
 (a) County ST. JAMES
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST. JAMES HOSPITAL 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 DAYS
 (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME MARY SUE SHAFFER.
 3. (b) If veteran, name war No. _____
 3. (c) Social Security No. 498-14-5053

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Leslie Shaffer
 6. (c) Age of husband or wife if alive 20 years
 7. Birth date of deceased March 31 1922
 (Month) (Day) (Year)

8. AGE: Years 19 Months 5 Days 8
 If less than one day hr. min.

9. Birthplace Sullivan Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Shoe Factory Worker

11. Industry or business Shoe Manufacture

12. Name William Juergens

13. Birthplace Sullivan, Missouri. 0
 (City, town, or county) (State or foreign country)

14. Maiden name Edna Tourville
 15. Birthplace Sullivan Missouri. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Juergens
 (b) Address Sullivan, Missouri.

17. (a) Burial (b) Date thereof Sep. 10, '41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Missouri.

18. (a) Signature of funeral director Thos. P. Shaffer
 (b) Address Sullivan, Missouri.

19. (a) 9-10-41 (b) Elsie B. Houder
 (Date received local registrar) (Registrar's signature) L 11

2. USUAL RESIDENCE OF DECEASED: 36
 (a) State MISSOURI (b) County FRANKLIN 4
 (c) City or town SULLIVAN 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day Sept 8
 year 1941 hour 8 minute 10 A.M.
 21. I hereby certify that I attended the deceased from Sept 6th 1941 to Sept 8 1941.
 that I last saw him alive on Sept 8 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Septic Peritonitis & Shock
 Due to Abscess appendix & General Peritonitis
 Due to Peritonitis & Operations
 Other conditions: no
 (Include pregnancy within 3 months of death) 12:2

Duration _____

Major findings: Of operations Abscess appendix & General Peritonitis
 Of autopsy no

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

22. If death was due to external cause, 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 E. A. Scott (M. D. or other) _____
 Address _____ Date signed 9/10/41

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

SEP 1 8 1948

OCT 25 1948

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. Laffoon*

Licensed Embalmer No. *3394*

P. O. Address *Sullivan, Mo.*

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.