S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26496

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3110

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veteran Home 1622 Burton (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 month (Specify whether In this community 8 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg MO 2 (If outside city or town limits, write "RURAL")

(d) Street No. 311 Grover (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Lillie G. Shafer

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Sept (Month) 16 (Day) 1871 (Year)

8. AGE: Years 70 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Malta Bend MO 0 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business same

FATHER
12. Name Anthony Gerhard
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Byers
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. S. Zeysing

(b) Address Wellington MO

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug 18-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Malta Bend MO

18. (a) Signature of funeral director Eleven Funeral Home

(b) Address Wellington MO

19. (a) 8-18-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1942 hour 8:45 minute a M.

21. I hereby certify that I attended the deceased from June, 1942, to Aug 18, 1942, that I last saw her alive on Aug 17, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Chronic nephritis	
Due to: 131B	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) no

(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? (Specify type of place)

While at work? no (e) Means of injury 0

23. Signature E. A. McIntyre (M. D. or other)

Address 1424 Prof Bldg KC MO Date signed

361 (Licensed Embalmer's Statement on Reverse Side)

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 W. Roy Ewen

Licensed Embalmer No. 4305

P. O. Address Wellington 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, above space should be left blank.