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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27108

FILED SEP 8 1942

Registration District No. 775

Primary Registration District No. 5433

Registrar's No.

1. PLACE OF DEATH:

(a) County: Franklin

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days): 1/2 hrs

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Franklin 36

(c) City or town: Union - Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. /
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Unamed Shafferkoetter

3. (b) If veteran, name war: /

3. (c) Social Security No. /

4. Sex: Female

5. Color or race: White

6. (a) Single, ~~widowed, married~~, divorced: 0 Infant

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Aug. 14, 1942 (Month) (Day) (Year)

8. AGE: Years: -- Months: -- Days: -- If less than one day: 1 hr. min.

9. Birthplace: Union, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: Thosmas Roy Shafferkoetter
13. Birthplace: Tebbetts, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Edith Holt
15. Birthplace: Gerlad, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Thomas Roy Shafferkoetter
(b) Address: Union, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 14, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Union, Missouri

18. (a) Signature of funeral director: Wm. H. Horn
(b) Address: Union, Mo

19. (a) 8/14/42 (Date received local registrar) (b) Conrad A. Rieger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 14 year: 1942 hour: 3:00 minute: 00 A.M.

21. I hereby certify that I attended the deceased from Aug 14, 1942, to Aug 14, 1942, that I last saw her alive on Aug 14, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Premature Birth — Duration: 1½ hrs

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 159

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):

(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?

(e) Means of injury:

23. Signature: B. A. Steckelman (M. D. or other) M.D.

Address: Union, Mo Date signed: 8-14-42

1169

(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 Wm H. Horn

Licensed Embalmer No. 3175

P. O. Address Union, 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.