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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1942

Registration District No. 449

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1602

State File No. 32951

Registrar's No. 4021

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:
3217 Cleveland Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3217 Cleveland
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Theodore Shafer

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Esther L. Shafer

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

7. Birth date of deceased March 10, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	7	20	..... hr. ..... min.

9. Birthplace Preble County (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Retired Bricklayer

11. Industry or business

FATHER
12. Name Jacob Shafer
13. Birthplace Preble County (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Magdalene Whisler
15. Birthplace Preble County (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Theodore Shafer (before death)
(b) Address 3217 Cleveland Ave.

17. (a) ~~Burial~~ wn, K.C.K. (b) Date thereof 10/31/42
(~~Burial, cremation, or~~ removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn, K.C.K.

18. (a) Signature of funeral director Geo. H. Long
(b) Address Kansas City, Kansas

19. (a) 10-30-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 30 day 30
year 1942 hour 10 minute 30 a M.

21. I hereby certify that I attended the deceased from July 1, 1942 to Oct 30, 1942
that I last saw him alive on Oct 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to Cerebral Hemorrhage

Due to 92B

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration: Oct 1942

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 Carl A. Jackson (M. D. or other) M.D.
Address 1103 E Armour Date signed 10-30-42

(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 Chas. H. Rader

Licensed Embalmer No. 3404

P. O. Address K C Kk

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.