

S. No. 2
M-542
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10186

State File No. _____

ED APR 14 1943

Registration District No. 116

Primary Registration District No. 6733

Registrar's No. _____

36
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: 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 _____ years, months or days Life (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Rural Union 9
(If outside city or town limits, write "RURAL") 0

(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 Bettye Loue Shafferkoetter

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month March day 17 year 1943 hour 10 minute 00 P.A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

21. I hereby certify that I attended the deceased from 3-12 1943 to 3-17 1943; that I last saw her alive on 3-17-43 1943; and that death occurred on the date and hour stated above.

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

Immediate cause of death Diphtheria Duration 12 days

7. Birth date of deceased Dec. 12, 1935
(Month) (Day) (Year)

Due to _____
Due to 10
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
7 3 5 hr. min.

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation R

11. Industry or business _____

12. Name Roy T. Shafferkoetter

13. Birthplace Tevetto, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Edith Holt

15. Birthplace Gerald, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Roy T. Shafferkoetter

(b) Address Union, Missouri

17. (a) Burial (b) Date thereof 3-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Missouri

18. (a) Signature of funeral director W. J. Stone

(b) Address Union, Missouri

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature B. H. Stuhlman (M. D. or other) MD

Address Union Date signed 3-18-43

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.....

P. O. Address.....

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.