

No. 2
17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED FEB 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5144

Registration District No. 28-4106 Primary Registration District No. 5404 Registrar's No.

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

1. PLACE OF DEATH:
(a) County DUNKLIN
(b) City or town Gibson
(c) Name of hospital or institution: Home
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DUNKLIN 35
(c) City or town Gibson
(d) Street No. _____
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Nancy E. Shaffer
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUN day 3 year 1945 hour _____ minute 9:45 P.M.
21. I hereby certify that I attended the deceased from Dec. 31 1945 to Jan. 1 1946
that I last saw him alive on Jan. 1 1946 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Pete Shaffer
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 2 1862

Immediate cause of death Cerebral Hem.
Due to _____
Due to Hypertension
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy 830

8. AGE: Years 83 Months 9 Days 1
If less than one day hr. _____ min. _____

9. Birthplace Arkansas
10. Usual occupation Housework
11. Industry or business _____

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

MOTHER FATHER
12. Name Swainey
13. Birthplace Arkansas
14. Maiden name UNKNOWN
15. Birthplace 9

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Bert Shaffer
(b) Address Gibson, Missouri
17. (a) Burial (b) Date thereof 1-5-46
(c) Place: burial or cremation North Cannon
18. (a) Signature of funeral director Landess Funeral Home
(b) Address Campbell, Missouri
19. (a) 2-17-46 (b) J. A. Anderson

23. Signature Dr. B. L. Franklin
Address Campbell, Mo. Date signed 1/5/46

RECEIVED

District Health Office No. 2

District File Number 246-258

Date Filed 2-22-46

AUG 1 1946

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 Christina M. Landers

Licensed Embalmer No. 4327

P. O. Address Campbell, Missouri

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.

Registration District No. 286

Primary Registration District No. 54250

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Gulson
(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
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Nancy E. Shaffer

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

4. Sex F 5. Color, or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased Apr 2 1906
(Month) (Day) (Year)

8. AGE: Years 83 Months Days If less than one day
hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 12-17-46 (b) J. A. Anderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 year 1946 hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from 12-17-46 to 12-17-46 that I last saw him alive on 12-17-46 and that death occurred on the date and hour stated above. Immediate cause of death:.....

Duration

Due to.....

Due to.....

Other conditions..... (Includes 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).....

(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..... (M. D. or other)

Address..... Date signed.....

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

SUPPLEMENTARY

4143

APR 9 1 1946

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