

FILED JAN 21 1947

Primary Registration District No. 4183

Registrar's No. 63

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

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Pacific
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Pacific 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mellie B. Schaffner

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Arthur Schaffner

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

7. Birth date of deceased Febr. 28 1890
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business own home

MOTHER FATHER

12. Name William Shelton

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

14. Maiden name Minnie Meyer

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

16. (a) Informant Arthur Schaffner

(b) Address Pacific, Mo.

17. (a) BURIAL (b) Date thereof 1/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific Mo.

18. (a) Signature of funeral director Wm. L. Sheles

(b) Address Pacific Mo.

19. (a) Jan. 5. 46 (b) July B. Green
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1947 hour 1 minute 15 p. M.

21. I hereby certify that I attended the deceased from Dec 1
1946 to Jan 1 1947;
that I last saw her alive on Jan 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema 4 hours
Cerebral hemorrhage 24 hrs.
Hypertension and arterio-sclerosis years

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations - \$3A
Of autopsy _____

Duration
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 Thurston E. Pletcher M. D. 10
Address Pacific, Missouri Date signed Jan 21 1947

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 21 1947

JAN 29 1947

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 *Jno. L. Shekes*
Licensed Embalmer No. *3008*
P. O. Address *Pacific 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.