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OM-9-43  
v. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 440

Registration District No. 149

Primary Registration District No. 1502

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City - Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
North-east Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 wks  
(Specify whether in this community 60 years (Buckner) 10 wks)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

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

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country XX

3. (a) PRINT FULL NAME Anne Anthony Shafer

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race Wh

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

6. (b) Name of husband or wife Mr. Luther Shafer

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

7. Birth date of deceased Oct. -8- 1865  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27  
year 1947 hour 1 minute 308 A.M.

21. I hereby certify that I attended the deceased from July 10 1942 to Jan. 27 1947  
that I last saw h. er alive on Jan 27 1947  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>3</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death hypostatic pneumonia

Due to myocardial degeneration

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation housewife at her home

11. Industry or business work in Buckner

Major findings:  
Of operations 108

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Manson R. Anthony

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

14. Maiden name Mary E. Rigdon

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

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? \_\_\_\_\_

16. (a) Informant Mr. Theo J. Shafer

(b) Address Buckner Missouri

17. (a) burial (b) Date thereof Jan. 29/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Cem.

18. (a) Signature of funeral director J. M. Rappert

(b) Address Buckner Mo.

19. (a) 1-29-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature L. W. Higgins (Mr. D. or other) D.O.  
Address Buckner Mo. Date signed 4/27/47

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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.....

*R. H. Griffith*....., Registered Apprentice No. *451*  
working under my personal supervision.

Signed..... *Division L. Kepley*.....

Licensed Embalmer No. *4225*.....

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.**