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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7784

FILED APR 4 1947

Registration District No. _____

Primary Registration District No. 3003

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Barry Monett
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
620 5th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Over 50 years
years, months or days)

3. (a) PRINT FULL NAME FRED ELLSWORTH SHAFFER
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Breece Shaffer
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased January 26 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 1 26 hr. min.

9. Birthplace Salesburg Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Custodian of School Bldg
Central School
11. Industry or business _____

MOTHER FATHER

12. Name Oliver Perry Shaffer
13. Birthplace not known
(City, town, or county) (State or foreign country)
14. Maiden name Martha J. Johnson
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Fred Shaffer
(b) Address 620 5th St Monett Mo
17. (a) Burial (b) Date thereof Mar 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DOOF - Monett Mo
18. (a) Signature of funeral director Callaway
(b) Address Monett Mo
19. (a) 3-24-47 (b) W. M. West
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 620 - 5th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1947 hour about 3 minute _____ P. M.
21. I hereby certify that I attended the deceased from
Feb. 21 - 1947 to March 22 - 1947
that I last saw him alive on March 10 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Coronary Occlusion 10 days
Due to Diabetes, arterio
Sclerosis, hyper tension
Due to _____
Other conditions _____
(Include 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 [Signature] (M. D. or other) _____
Address Monett Mo Date signed 3-24-47

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

1561 21 030
RECEIVED

District Health Officer No. 6;

District File Number 347-373

Date Filed MAR 31 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 J. D. Buchanan
Licensed Embalmer No. 3179

P. O. Address Mount Pleasant

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.