

FILED APR 9 1947

Registration District No. **31**

Primary Registration District No. **4040**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **Benton**

(b) City or town **Cole Camp**
(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)

3. (a) PRINT FULL NAME **Everet Beroy Shaffer**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male** 0

5. Color or race **white**

6. (a) Single, widowed, married, divorced **Single** (//)

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **March 7th 1947**
(Month) (Day) (Year)

8. AGE: 0 Years Months 0 Days 10 hr. 45 min.

9. Birthplace **Cole Camp Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Everet Shaffer**

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

14. Maiden name **Rosetta vansel**

15. Birthplace **Benton County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Everet Shaffer**

(b) Address **Brownington Mo**

17. (a) **Burial** (b) Date thereof **Mar 8, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Cemetery**

18. (a) Signature of funeral director **E. J. Eichhoff**

(b) Address **Cole Camp Mo**

19. (a) **April 4, 1947** (b) **Pauline Karmus**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri Benton

(a) State **Missouri** (b) County **Benton**

(c) City or town **Cole Camp**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **7**
year **1947** hour **5** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **3-7-47**
19____ to **3-7-47** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial Failure**
Due to **premature birth**

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

Major findings: **159**
Of operations _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury **2**

23. Signature **J. W. Moreland** (M. D. or other) **Do.**
Address **Cole Camp Mo** Date signed **3-8-47**

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

2K

RECEIVED
District Health Officer No. 7,
3-47-45
District File Number
4-8-47
Date Filed

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 Not Embalmed
....., Registered Apprentice No.....
working under my personal supervision.

Signed E. L. Eickhoff
Licensed Embalmer No. 730
P. O. Address Cole Camp 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.