S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 3 1948

Registration District No. 1486

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. Shaver 1428

Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium & Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Rural - Blue Township (If outside city or town limits, write "RURAL")
(d) Street No.: 801 Brookside (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Lois M. Shaver
3. (b) If veteran, name war: ——
3. (c) Social Security No.: ——
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: November (Month) 19 (Day) 1868 (Year)

8. AGE: Years 79 | Months 1 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace: Plensanton (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ~~Eric James Moore~~
FATHER
12. Name: Eric James Moore
13. Birthplace: Sac no data (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sophia Anna
15. Birthplace: no data (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. J. H. Gibson
(b) Address: 801 Brookside - Kansas City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mound Grove Cemetery
18. (a) Signature of funeral director: Roland R. Speaks
(b) Address: Independence, Missouri
19. (a) 1-10-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8 year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocardial infarction — Duration 4 hrs
Due to: Coronary arteriosclerosis
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: See Above

PHYSICIAN
Underline the cause of 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? ..... (Specify type of injury)
23. Signature: A. E. Usher (M. D. or other)
Address: 2800 Main Date signed: 1/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 9, 1948

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 Stanley M. Seaton, Registered Apprentice No. 448, working under my personal supervision.

Signed

Licensed Embalmer No. 3604

P. O. Address Independence, 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.