

S. No. 300  
M-10-47  
7-5-17-39  
I 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED APR 6 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9145**

Registration District No. **155**

Primary Registration District No. **3127**

Registrar's No. **44**

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

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Webb City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **616 North Elliott**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **25 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**  
(c) City or town **Webb City**  
(If outside city or town limits, write "RURAL"):  
(d) Street No. **616 North Elliott**  
(If rural, give location) **2**  
(e) Citizen of foreign country? **No** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Rufus F. Shaver**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **500-09-1603**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Blanche L. Shaver** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **February 24, 1890**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **0** Days **24** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**

10. Usual occupation **retired Miner**

11. Industry or business \_\_\_\_\_

12. Name **James F. Shaver** **9**

13. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**

14. Maiden name **Nora G. Pratt**

15. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **George Hickam (Sheriff)**

(b) Address **Webb City, Mo.**

17. (a) **burial** (b) Date thereof **3/20/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Memorial Hedge-Lewis**

18. (a) Signature of funeral director **Webb City, Missouri**

(b) Address **MCH 2; 1948**

19. (a) (Date received local registrar) (b) **[Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **18** year **1948** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death **Shot self with 22 Cal. Rifle. Bullet Penetrated Wound Heart**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Physician's certificate (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **suicide**  
(b) Date of occurrence **3/18/48**  
(c) Where did injury occur? **Shooting from 700**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**  
(Specify type of place) **49**  
While at work? \_\_\_\_\_ (e) Means of injury **22 cal.**  
Signature **[Signature]** (M. D. or other) **3/18/48**  
Address **[Address]** Date signed **3/18/48**

JAN 27 1960

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.....

*Leonard J. Lewis*, Registered Apprentice No. *74*  
working under my personal supervision.

Signed: *E. W. Hedge*

Licensed Embalmer No. *2859*

P. O. Address *Wash D.C.*

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.