

FILED MAY 19 1948

Registration District No. 127

Primary Registration District No. 4248

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Laclede

(c) Name of hospital or institution Home of M Smith

(d) Length of stay: In hospital or institution 8 years

In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

(c) City or town Laclede, Mo

(d) Street No. Rural

(e) Citizen of foreign country Laclede, Mo

3. (a) PRINT FULL NAME Wm F. Shaffer

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 - day 29th

year 48 - hour 1 - minute am

4. Sex M Color or race wh

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: April 4 - 1866

21. I hereby certify that I attended the deceased from 25 Sept 1948 to 28 Sept 1948

that I last saw him alive on 28 Sept 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia

8. AGE:	Years	Months	Days	If less than one day
	82		25	hr. min.

Due to Myocarditis

Due to Arteriosclerosis

9. Birthplace: Illinois

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

10. Usual occupation: Farmer

11. Industry or business: Farmer

12. Name: Henry Shaffer

13. Birthplace: Laclede, Mo

14. Maiden name: Lydia Hoover

15. Birthplace: Laclede, Mo

16. (a) Informant: M Smith

(b) Address: Laclede, Mo

17. (a) Burial (b) Date thereof: 5-2-48

(c) Place: burial or cremation: Laclede, Mo

18. (a) Signature of funeral director: Jackson & Sons

(b) Address: Laclede, Mo

19. (a) 5-3-1948 (b) W B Clinton

Major findings: Of operations: 935

Of autopsy:

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?

(e) Means of injury

23. Signature: Leroy Simon

Address: Laclede, Mo Date signed: 5-1-48

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

19
6
0

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 me
..... Registered Apprentice No.
working under my personal supervision.

Signed

Wm H Jackson

Licensed Embalmer No.

3954

P. O. Address

Lancaster 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.