FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 5 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22764

Registration District No. 191 | Primary Registration District No. 5426 | Registrar's No. 103

1. PLACE OF DEATH:

(a) County: FRANKLIN

(b) City or town: VILLA RIDGE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: VILLA RIDGE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 21 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Franklin 36

(c) City or town: Villa Ridge 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME: PAULA SHAFFER

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: MARRIED

6. (b) Name of husband or wife: CARL A. SHAFFER

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: MAY (Month) 23 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	2	2	..... hr. ..... min.

9. Birthplace: SAXTON (City, town, or county) GERMANY (State or foreign country)

10. Usual occupation: HOUSE WIFE

11. Industry or business .....

FATHER
12. Name: ERNST LANG
13. Birthplace: SAXTON (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name: ANONTY HEISLER
15. Birthplace: SAXTON (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant: Mr. Carl Shaffer
(b) Address: Villa Ridge

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Villa Ridge Missouri

18. (a) Signature of funeral director: Otto & Co
(b) Address: Washington, Missouri

19. (a) July 28-48 (Date received local registrar) (b) Mary B. Grass (Registrar's signature) 94

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year ..... hour 4 minute 25 P M.

21. I hereby certify that I attended the deceased from Jan 8, 1948, to July 25, 1948
that I last saw her alive on June 2, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: metastatic carcinoma	
Due to: Carcinoma l. breast	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 50	
Of autopsy	

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? ..... (e) Means of injury .....

23. Signature: [signature] (M. D. or other) MD

Address: Washington Mo Date signed 7-27-48

WRITE PLAINLY—USING UNFADING

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed AUG 2 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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Maurice H. Willenbrink

Licensed Embalmer No. 4511

P. O. Address Washington, 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.