

FILED OCT 18 1948

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1069

1. PLACE OF DEATH:

(a) County Wagoner

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

(c) Name of hospital or institution State Hospital #2
(If not in hospital or institution, write street number or location)

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

In this community 21 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Platte #3

(c) City or town Edgerton
(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

3. (a) PRINT FULL NAME Mary Belle Shafer

3. (b) If veteran, name war. -

3. (c) Social Security No. nel

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17 year 1948 hour 3 minute 40 A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife not given 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased April 23 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 23 1948 to 10-17 1948

that I last saw her alive on 10-11 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 1 year

8. AGE:	Years	Months	Days	If less than one day
<u>84</u>	<u>5</u>	<u>19</u>		hr. min.

Due to arteriosclerosis 10 yr prot

9. Birthplace Platte County Union, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

Due to 1, Mo.

Other conditions (include pregnancy within 3 months of death)

11. Industry or business John Mitchell

12. Name John Mitchell

13. Birthplace not given 9

14. Maiden name Almyra Reid

15. Birthplace Platte County, Mo
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations MI

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Mitchell D Shafer

(b) Address Edgerton Mo

17. (a) burial (b) Date thereof 10-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grayson Cem

18. (a) Signature of funeral director Rollins & Fish

(b) Address Edgerton Mo

19. (a) 10-12-48 (b) W. L. Jenkins
(Date received local registrar) (Registrar's signature)

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 D

23. Signature W. L. Jenkins (M.D. -)

Address State Hospital #2 Date signed 10/2/1948

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

MOTHER FATHER

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..... *Vivian R. Nash*
Licensed Embalmer No. *3947*
P. O. Address..... *Edgerton 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.