

NOV 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36602
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 732
 (b) Township Monitona Primary Registration District No. 4437 Registered No. 732
 (c) City Higbee Mo (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jacob Shafer

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Mary E Shafer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8th 1842
 7. AGE YEARS 96 MONTHS 2 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co. Mo.

FATHER 13. NAME Benjamin Shafer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston Mass.

17. INFORMANT (ADDRESS) Mary E Shafer Higbee Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem Higbee DATE Oct 26th 1938

19. FUNERAL DIRECTOR (ADDRESS) Joe W Burton Higbee Mo.

20. FILED Oct 26 1938 J. W. Wynn R.P. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24th 39 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1938 to Oct 24 1938
 I last saw him alive on Oct 23 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Uremia
136
 Date of onset Oct 20 1938

Other contributory causes of importance:
Heart and Structures
Posterior Structures
Cystitis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. W. Wynn R.P. (Address) Higbee Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 105

District File Number 10-38-409

Date Filed 11-10-38

STATEMENT BY LICENSED EMBALMER

I, L. J. Meister

Licensed Embalmer No. 2732

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. J. Meister

L. E.

No. _____
working under my personal supervision.

Registered Apprentice No. _____

Signed L. J. Meister

Licensed Embalmer No. 2732

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36602
Do not use this space.

1. PLACE OF DEATH
 (a) County Randolph Registration District No. 732
 (b) Township _____ Primary Registration District No. 4437 Registered No. 732
 (c) City Highers (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jacob Shafer
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
96 2 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____
 I last saw h. _____ alive on _____, 19 _____ Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Urinary
136
 Date of onset _____

Other contributory causes of importance:
urethral strictures
Posterior urethritis
Cystitis
This was a urinary calculus
and not due to gonococcus
 (What test confirmed diagnosis? _____) Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. V. Durden M. D.
 (Address) Highers _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Local Registrar

