

REC'D FEB 20 1939

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

1013

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Yean Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2209 Gen Wash Registered No. 26 St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 5 5 9 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1226 Montgomery 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 4 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Illinois

FATHER 13. NAME Jenge Shaffer

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

MOTHER 15. MAIDEN NAME Barnett Jane Stewart

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

17. INFORMANT (ADDRESS) Fred C. Cunningham
1226 Montgomery

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 1-5-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Foster
918 Brooklyn R.P. Mo

20. FILED Jan 4 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1938 to 1-3, 1939

I last saw him alive on 1-3, 1939 Death is said

to have occurred on the date stated above, at 5:10 PM

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Jan 3

Other contributory causes of importance:

Name of operation Date of W
 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, 1939

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) J. H. De Maria M. D.
 (Address) Superior Gen Hosp 7th

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.