

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

W. 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.

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

22407  
Do not use this space.

1939 JUL 17

1. PLACE OF DEATH

(a) County JASPER Registration District No. 411  
 (b) Township GALENA Primary Registration District No. 5569  
 (c) City Joplin (d) Street No. R. R. 3 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 FRED A. SHAFFER  
 (a) Residence, No. N. W. OF JOPLIN - R. R. 3 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 18, 1901

7. AGE YEARS 58 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. BOILER MAKER  
 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) JOPLIN, MO

FATHER 13. NAME JOHN ADMAN SHAFER  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IND.

MOTHER 15. MAIDEN NAME MARY ELIZ. SPENCE  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA.

17. INFORMANT JOHN SHAFER  
 (ADDRESS) 614 PORTER

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST PK DATE 6/5/39

19. FUNERAL DIRECTOR (NAME) HARLOUT UND CO  
 (ADDRESS) JOPLIN, MO

20. FILED 6-6-39 Ed J... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to June 3, 1939  
 I last saw him alive on June 3, 1939. Death is said to have occurred on the date stated above, at 5:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Disease  
Hypertension  
 Other contributory causes of importance: 94

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?  
 If so, specify \_\_\_\_\_  
 (Signed) J. M. Gray, M. D.  
 (Address) Joplin Mo.

RECEIVED

District Health Officer No. 6,

District File Number 739-1420

Date Filed JUL 10 1939

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**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.**