DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 1 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38637

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4401

1. PLACE OF DEATH:

(a) County Jackson /

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

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 13 days (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: /

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2411 East 39th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME WALTER R. SHAFFER /60

3. (b) If veteran, name war No

3. (c) Social Security No. 702-14-5564

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Mrs. Carrie Shaffer

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June (Month) 25 (Day) 1891 (Year)

8. AGE: Years 48 | Months 4 | Days 21 | If less than one day ___ hr. ___ min.

9. Birthplace Marion (City, town, or county) Ohio (State or foreign country)

10. Usual occupation R. R. Switchman

11. Industry or business Missouri-Pacific /

FATHER
12. Name David H. Shaffer /
13. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Margaret Gatschell /
15. Birthplace ..... (City, town, or county) Penn. (State or foreign country)

16. (a) Informant's own signature Mrs Carrie Shaffer
(b) Address 2411-E 39th

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 16, 39 (Month) (Day) (Year)
(c) Place: burial or cremation Marion, Ohio

18. (a) Signature of funeral director John W. Wagner
(b) Address Kansas City, Mo.

19. (a) Nov 17 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16, year 1939 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 22, 1938, to Nov 16, 1939; that I last saw him alive on Nov 15, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hodgkins disease	2 yrs
Due to 72B	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Biopsy of Cervical gland for diagnosis
Of autopsy none

PHYSICIAN — Underline the cause to 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 J. E. Castles (M. D. ~~or other~~)
Address 1002 Argyle Bldg Date signed 11-17-39

(Licensed Embalmer's Statement on Reverse Side) KC Mo

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

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.

Rev. 3-17-39 I X19511

Dr. J. E. Castles
Argyle
HA 5037

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 A R Hauenschild

Licensed Embalmer No. 4062

P. O. Address K. C. 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, above space should be left blank.