DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25666

State File No. 80

Registration District No. 963 Primary Registration District No. 3692 Registrar's No. 208

1. PLACE OF DEATH:

(a) County McDonald

(b) ~~City or town~~ Rural, Elk River
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 218 Penn
(If rural, give location)

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

3. (a) PRINT FULL NAME Earl Shafer 160

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Feb 28th, 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Newton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Boilermaker

11. Industry or business

FATHER
12. Name John A. Shafer
13. Birthplace Virginia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Spence
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature
(b) Address Joplin, Mo

17. (a) Joplin, Mo (b) Date thereof July 16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Mo

18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin, Mo 465

19. (a) Aug 3rd 40 (b) H C Alexander
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1940 hour 9 minute 15 AM M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack evidently. Was dead when I viewed him

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Lee O Carnell Coroner (M. D. or other)
Address Juneville Mo Date signed 8-1-4

(Licensed Embalmer's Statement on Reverse Side)

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. 6

District File Number 840-2455

Date Filed AUG 13 1940

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.