

Registration District No. 659

Primary Registration District No. 5876

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

1. PLACE OF DEATH Perry *Cherokee Ho*  
(a) County Rural  
(b) City or town Rural  
(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 none  
In this community 65-4-19  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Perry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24  
year 1940 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from 7-29- 1940, to 9-24 1940  
that I last saw him alive on 9-24 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy  
Due to Hypertension  
Due to Arteriosclerosis  
Other conditions 87  
(Include pregnancy within 3 months of death)

Duration  
2 mos  
2 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME M. L. Thomas Shafer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary A. Shafer 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 5 1875  
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 19 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name John Shafer

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Rhyn

15. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Shafer  
(b) Address Perryville, R. 3.

17. (a) Burial (b) Date thereof Sept. 26 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation York Chapel - Mo.

18. (a) Signature of funeral director Young & Love

(b) Address Perryville Mo.

19. (a) Sept 25-1940 (b) Martin Mockel  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? 5011

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Oscar Blanton (M. D. or other) \_\_\_\_\_  
Address Perryville \_\_\_\_\_ Date signed 9-25-40

**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..... *Charles J. Perry*

Licensed Embalmer No. *21375*

P. O. Address *Perryville, 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, fact should be so stated above.