

S. No. 2
-11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41445**
4838
Registrar's No.

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **JACKSON**
(b) City or town **KANSAS CITY MISSOURI**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **330 Yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Daniel L. Shaffer.**

3. (b) If veteran, name war **World War.** 8. (c) Social Security No. **no**

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

6. (b) Name of husband or wife **Myrtle F. Shaffer** 6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **Sept. 5th, 1894**
(Month) (Day) (Year)

8. AGE: Years **46** Months **3** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Leavensworth Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Bookkeeper**

11. Industry or business **State Treasure Office.**

12. Name **Samuel E. Shaffer**

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

14. Maiden name **Margaret Ann Clark**

15. Birthplace **Pennsylvania.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. L. Fowler.**

(b) Address **1015 East 75th Terrace.**

17. (a) **Burial** (b) Date thereof **12/21/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Melody-McGilley**

(b) Address **K. C. Mo.**

19. (a) **12-20-40** (b) **M. M. Carrow**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **KANSAS CITY MISSOURI**
(If outside city or town limits, write "RURAL")
(d) Street No. **2106 Benton Blvd.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **18-40**
year _____ hour **10** minute **30 P** M.

21. I hereby certify that I attended the deceased from **12-3-40**, 19____, to **12-18-40**, 19____;
that I last saw him alive on **12-18-40**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Upper abdominal Peritonitis
Dissection of the Pylorus & Stomach
Ulcer of the Duodenum
Duration
Other conditions
(Include pregnancy within 3 months of death) **117 B**

Major findings
Of operation **Liver, Spleen & Aorta Resect**

Of autopsy **clear**

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 **5**

23. Signature **Russell W. Fox** (M. D. or other) _____
Address **200 Mo** Date signed _____

MAY 6 1976

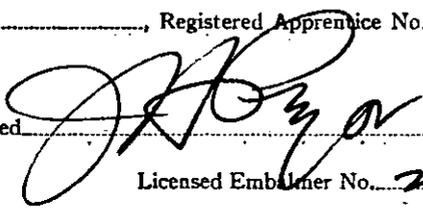
STATEMENT BY LICENSED EMBALMER

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. 267

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2799

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.