

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

FILLED SEP 9 1941
Registration District No. 417

State File No. _____

Primary Registration District No. 5561-D

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town JOPLIN TWP. RURAL.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ROUTE 1, JOPLIN, MO.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 71 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin TWP. RURAL. 049
(If outside city or town limits, write "RURAL")
(d) Street No. R# 1 JOPLIN, MO
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ELIZA EURAINE SHAFER

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28th
year 1941 hour 9:40 minute 0 M.

21. I hereby certify that I attended the deceased from AUG 28 1941 to 8/28/41 1941
er er that I last saw h er alive on 8/28/41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Duration On 6 day

Due to Arterio-Sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature W. H. G. [unclear] (M. D. or other) _____

Address Blueberry, Mo Date signed 8/29/41

4. Sex Female

5. Color or race White

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

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

7. Birth date of deceased June 12, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 16
If less than one day hr. _____ min. _____

9. Birthplace Treepart Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name David Hummel

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

14. Maiden name Alten Cress

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

16. (a) Informant Miss Edith Arnold

(b) Address 4308 Oakland Hill Ct.

17. (a) Burial (b) Date thereof Sept 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem.

18. (a) Signature of funeral director W. H. G. [unclear]

(b) Address W. H. G. [unclear]

19. (a) AUG. 30. 41 (b) [unclear]
(Date received local registrar) (Registrar's signature)

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 Myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Robert M. Johnston

Licensed Embalmer No. 3,922

P. O. Address West City, 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.