

S. No. 2
A-1-4-41
7. 5-17-39
P-1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41277
State File No. _____
Registrar's No. 195

DEC 31 1941 26
Registration District No. _____

Primary Registration District No. 5034

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

1. PLACE OF DEATH:
(a) County... Audrain
(b) City or town... R. #1 Molino Rural, ~~SAINT LOUIS~~
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution... none
In this community... 8 hour

2. USUAL RESIDENCE OF DECEASED:
(a) State... MO (b) County... Audrain
(c) City or town... R. #1 Molino Rural
(d) Street No... Rural Molino
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Lester Forest Shaffer
3. (b) If veteran, name war... NO
3. (c) Social Security No... NO

4. Sex... M U
5. Color or race... W
6. (a) Single, widowed, married, divorced... S U
6. (b) Name of husband or wife... --
6. (c) Age of husband or wife if alive... -- years
7. Birth date of deceased... 11 27 1941

8. AGE: Years Months Days If less than one day
-- -- -- 1 hr. -- min.

9. Birthplace... Molino Mo.

10. Usual occupation... Baby

11. Industry or business...

12. Name... Vernie Shaffer
13. Birthplace... Smith Center, Kansas

14. Maiden name... Volma Miller

15. Birthplace... Nebraska

16. (a) Informant... Vernie Shaffer
(b) Address... Molino, Missouri

17. (a) Burial (b) Date thereof... 11/27/41

(c) Place: burial or cremation... Bethel
18. (a) Signature of funeral director... C. C. Amick

(b) Address... Mexico, Missouri

19. (a) Nov 27-1941 (b) Blanche Keely

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 27 day nov year 1941 hour 3 minute 20 A.M.
21. I hereby certify that I attended the deceased from Nov 27 1941 to Nov 27 1941
that I last saw him alive on Nov 27 1941 and that death occurred on the date and hour stated above.
Immediate cause of death: Pulmonary Embolism
Due to...
Due to...
Other conditions...
Major findings: 11/27
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? _____
(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... J. H. Brown (M. D. co-signer) _____
Address... Perrymo Date signed... 11-27-41

RECEIVED

District Health Officer No. 10

District File Number 12-41-2277

Date Filed DEC 23 1941

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.

Not

Embalmed

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.