. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1942

Registration District No. 308

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2779

Primary Registration District No. 3026

Registrar's No. 66

59
1
2

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe Rt. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 801 Missouri Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: —
(Specify whether years, months or days)
In this community: 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Livingston
(c) City or town: Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No.: 801 Missouri Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: —

59
1
2

3. (a) PRINT FULL NAME: John Franklin Shaver
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lena Shaver
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: Sept. (Month) 11 (Day) - 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
78	3	26	— hr. — min.

9. Birthplace: Rockingham Co. (City, town, or county) Va. (State or foreign country)
10. Usual occupation: Farmer Retired
11. Industry or business: —
FATHER
12. Name: William Shaver
13. Birthplace: Unknown (City, town, or county) — (State or foreign country)
MOTHER
14. Maiden name: Isabelle Pence
15. Birthplace: Rockingham Co. (City, town, or county) Va. (State or foreign country)
16. (a) Informant: Lena F. Shaver
(b) Address: Chillicothe, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan. 8, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Alma Kansas
18. (a) Signature of funeral director: James D. Gordon
(b) Address: Chillicothe Mo.
19. (a) January 8 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 7 year: 1942 hour: 5 minute: A.M.
21. I hereby certify that I attended the deceased from Dec 15 1941 to Jan 7 1942 that I last saw him alive on Jan 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of prostate — Duration: about 3 yrs.
Due to: —
Due to: —
Other conditions (Include pregnancy within 3 months of death): 51b
Major findings: Of operations: —
Of autopsy: —

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: G. W. Carpenter (M. D. or other)
Address: Chillicothe Mo. Date signed: Jan 7/1942

458

(Licensed Embalmer's Statement on Reverse Side)

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 Donald Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.