

S. No. 2
M-542
5-17-39
I X 2173

2198

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

REGISTRATION DISTRICT NO. 120

PRIMARY REGISTRATION DISTRICT NO. 5447

REGISTRAR'S NO. 3

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural Howard J. P.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. All her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 38

(a) State Missouri (b) County Gentry 0

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME Sarah Olive Shaffer

3. (b) If veteran, name war. 3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28
year 1942 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from 7-7-40
1940 to 12-28- 1942
that I last saw her alive on 12-26- 1942
and that death occurred on the date and hour stated above.

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 April 21 1870
(Month) (Day) (Year)

Immediate cause of death. myocarditis 1 year.

Due to.

Due to. 930

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

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>72</u> | <u>8</u> | <u>7</u> | hr. min. |

9. Birthplace Albany Mo
(City, town, or county) (State or foreign country)

10. Usual occupation. House wife

11. Industry or business.

12. Name R. A. Davidson

13. Birthplace Tazewell Co. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Rhoda Steel

15. Birthplace Tazewell Co. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant James Shaffer

(b) Address Albany Mo

17. (a) Burial (b) Date thereof 12/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Hexton

18. (a) Signature of funeral director Robert E. ...

(b) Address Albany Mo

19. (a) Jan 30-1942 (Date received local registrar)

Frank H. Rose (Registrar's signature)

John M. ... (Licensed Embalmer)

PHYSICIAN

Major findings: Of operations.

Of autopsy.

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?

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

23. Signature Frank H. Rose (M. D. or other) M.D.

Address Albany Mo Date signed 12-30-42

12-30-42

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

Signed.....

Colford Burke

Licensed Embalmer No.....

3329

P. O. Address.....

Albany 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.