

FILED MAR 16 1943

Registration District No. 13148

Primary Registration District No. 5106

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Lake View Hgt's Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Code Jump
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 years (Specify whether years, months or days)
In this community 32 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Lake View Hgt's - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Gertrude Irene Shaffer

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. 2 divorced Widowed
6. (b) Name of husband or wife Thomas Shaffer 6. (c) Age of husband or wife if alive 16 years 1875
7. Birth date of deceased June 16 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Baltimore Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm. H. Blades

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

14. Maiden name Emma Davis

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

16. (a) Informant James A. Shaffer

(b) Address Lake View Hgt's, Mo.

17. (a) Burial (b) Date thereof 2-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery, Mo.

18. (a) Signature of funeral director A. F. Parker

(b) Address Okeville, Mo.

19. (a) FEB. 27, 1943 (b) S. H. SELNER
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 26
year 1943 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from 2-19-43
_____ 19____ to _____ 19____

that I last saw her alive on 2-19-43 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____
Coronary Occlusion

Due to Arteriosclerosis
Arteriosclerosis

Due to Myocardial Decompensation

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

Major findings: _____
Of operations 93 et
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? _____

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

23. Signature Sydney L. Dunham (M. D. or other) SD

Address Colo Camp, Mo Date signed 2-27-43

63 Pauline (Licensed Embalmer's Statement on Reverse Side)

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

8
0
0

Dr. Duncan
Cole Camp
NOV 9 1943
Mo.

RECEIVED
District Health Office No. 7,
District File Number 2-43-107
Date Filed 2-10-43

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 Lucius F. Parker
Licensed Embalmer No. 3840
P. O. Address Otterville, 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.