

S. No. 2
M-5-42
7-5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13409**
1625
Registrar's No.

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **2735 Benton Blvd.**
(d) Length of stay: In hospital or institution **25 yrs.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **2735 Benton Blvd.**
(e) Citizen of foreign country? **NO**

3. (a) PRINT FULL NAME **JAMES COSBY SHAFER**
(b) If veteran, name war **NO**
(c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **4th**
year **1943** hour **5** minute **35** A.M.
21. I hereby certify that I attended the deceased from **Feb. 1935**
19 **19** to **April 4th** 19 **43**
that I last saw him alive on **March 10** 19 **43**
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color on face **White**
6. (a) Single, widowed, married, divorced **married**
(b) Name of husband or wife **Besse Shafer**
(c) Age of husband or wife if alive **59** years
7. Birth date of deceased: **Nov 23 1876**

Immediate cause of death: **Coronary occlusion**
Due to **chronic myocarditis**
Due to **gilt**

8. AGE: Years **66** Months **4** Days **11**
If less than one day **hr. min.**

9. Birthplace **Smithville MO**
10. Usual occupation **Retired**
11. Industry or business **Postal Mail Clerk**
12. Name **Jake Shafer**
13. Birthplace **Kentucky**
14. Maiden name **Clare Mitchell**
15. Birthplace **Kentucky**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

16. (a) Informant **W. D. Shafer**
(b) Address **4135 Colledge K.C. Mo.**
17. (a) **Burial** (b) Date thereof **4/7/43**
(c) Place: burial or cremation **Smithville Mo**
18. (a) Name of funeral director **John Norton General Home**
(b) Address **North K.C. Mo.**
19. (a) **4-6-43** (b) **M. M. Grime**

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?
23. Signature **Chas. Curry** (M.D. or other)
Address **Chambers Bldg** Date signed **4-5-43**

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

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 Leon E. Hodges
Licensed Embalmer No. 2729
P. O. Address North K.C. 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.