

ED. MAY 18 1943  
Distribution District No. 5

Primary Registration District No. 5714

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

1. PLACE OF DEATH:

(a) County McDonald  
(b) City or town Pineville, McDonald Co., Mo.  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County McDonald  
(c) City or town Pineville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marcia Ellen Shaffer

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year

7. Birth date of deceased July 31-1886  
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Osburn City, Kans.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business same

12. Name Thompson Martin

13. Birthplace Dark Co. Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Gazell

15. Birthplace Bosky Bell, West  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Moran  
(b) Address Pineville, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Pineville, MO.

18. (e) Signature of funeral director P. M. Humphrey  
(b) Address Pineville, MO.

19. (a) May 5-1943 (Date received local registrar) (b) Joe Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4 year 1943 hour 4 minute 1 A.M.

21. I hereby certify that I attended the deceased from 3-10 1943 to 4-3 1943 that I last saw her alive on 4-3 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis & kidney  
one removed some years ago.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 20

Major findings: 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? \_\_\_\_\_ (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) Means of injury 0

23. Signature W. H. Norton (M. D. or other) Address Pineville Date signed 4-15-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 543-612

Date Filed MAY 14 1943

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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 Mayne E. Humphreys

Licensed Embalmer No. 4262

P. O. Address Princeton, 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.