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

FILED JUN 18 1943

Registration District No. **3.14**

Primary Registration District No. **4493**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Bharryston**

(b) City or town **Burch Tree Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether years, months or days) **67 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shannon**

(c) City or town **Burch Tree Mo.**
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME **Sarah E. Reaser Shaffer**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **No.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20** year **1943** hour **10** minute **P.M.**

21. I hereby certify that I attended the deceased from **March 15** 19**42** to **May 20** 19**43** that I last saw her alive on **May 20** 19**43** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **W.**

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 **Dec 23, 1868**
(Month) (Day) (Year)

Immediate cause of death **Pulmonary Tuberculosis**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **1 1/2 yr**

8. AGE: Years **74** Months **4** Days **27** hr. _____ min.

9. Birthplace **Kentucky**
(City, town or county) (State or foreign country)

PHYSICIAN

Main findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Henry Hoops**

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

14. Maiden name **Not known**

15. Birthplace **9**
(City, town or county) (State or foreign country)

16. (a) Informant **Edith Kusterdell**

(b) Address **Burch Tree Mo.**

17. (a) **Burial** (b) Date thereof **5/28-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burch Tree Mo.**

18. (a) Signature of funeral director **John J. Amman**

(b) Address **New York Mo.**

19. (a) **6-10-43** (b) **Frank Hyde MD**
(Date received local registrar) (Registrar's signature)

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 **R. D. Davis** (M. D. or other) _____

Address **Burch Tree Mo** Date signed **6/23/43**

764

RECEIVED

District Health Officer No. 5.

District File Number 64557

Date Filed 6-16-43

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 _____

working under my personal supervision.

Signed John J. Amean
Registered Apprentice No. _____
Licensed Embalmer No. 2516
P. O. Address Acuteia, New York

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.