

FILED OCT 13 1943 149

Registration District No. _____ Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3405 Montgall Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. ---
In this community **33 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3405 Montgall Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country. ---

3. (a) PRINT FULL NAME **Mrs. Myrtle Shafer**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband of **W. W. Shafer** 6. (c) Age of husband or wife if alive. --- years
7. Birth date of deceased **November 22 1856**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 10 6 hr. min.

9. Birthplace **Clinton County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business. ---

MOTHER FATHER { 12. Name **Obediah Clark Douthitt**
13. Birthplace **Bedford Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Ann Elrott**
15. Birthplace **Clinton County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ella S. DeAtley**
(b) Address **3405 Montgall Avenue**

17. (a) **Burial** (b) Date thereof **Sept. 30, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Grayson, Missouri**

18. (a) Signature of funeral director **C. H. Spencer's Sons**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **9-30-43** (b) **J. E. Brown, Dep**
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **28th**
year **1943** hour **12** minute **15** M.

21. I hereby certify that I attended the deceased from **Sept. 25**, 19**43** to **Sept. 28**, 19**43**
that I last saw h. **al** alive on **Sept. 27**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Myocardial arteriosclerosis
Plurality
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

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? _____

23. Signature **William M. Keith** (M. D. or other) **MD**
Address **612 Poplarwood Bldg** Date signed **9/29/43**

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

612 Professional Bldg.
12. 5. 30

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..... *H. C. Newcomer Jr*

Licensed Embalmer No. *7042*

P. O. Address..... *H. C. New*

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.