

No. 2  
9-4-41  
5-17-39  
I X29484

Duplicate copy of our local record at Rules. late read

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35503**

FILED NOV 15 1943

Registration District No. **275**

Primary Registration District No. **3053**

Registrar's No. **43**

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

1. PLACE OF DEATH:

(a) County **Phelps**

(b) City or town **Polla**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**1001 Cedar Street**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 year** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Phelps**

(c) City or town **Polla**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1001 Cedar St.**  
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **America Bradford Shafer**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **9**  
year **1943** hour **3** minute **30 A.M.**

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

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Charles Shafer** 6. (c) Age of husband or wife if alive **dead** years

7. Birth date of deceased **May 19, 1957**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Mar 6**  
**1943** to **March 9** **1943**  
that I last saw her alive on **March 9** **1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Non-Compensating heart, mitral regurgitation**

8. AGE: Years **85** Months **9** Days **19** If less than one day hr. min.

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

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death) **92 lb**

10. Usual occupation **housewife**

11. Industry or business \_\_\_\_\_

12. Name **Joseph Bradford**

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

14. Maiden name **Elizabeth Tuzah**

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Livy Bradford**

(b) Address **1001 Cedar St.**

17. (a) **burial** (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shafer Cem. Licking**

18. (a) Signature of funeral director **Smith + Ferguson**

(b) Address **Licking, Mo.**

19. (a) **5-31-1943** (b) **Jellis Walker**  
(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? **no**

While at work? \_\_\_\_\_  
(Specify type of place) (a) Means of injury

23. Signature **Cl. Sidney McFarland**  
(M. D. or other)  
Address **Polla Mo.** Date signed **3-9-1943**

1692 sub duplicate (Licensed Embalmer's Statement on Reverse Side) 5-31-43

OCT 29 1942

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**