

FILED OCT 13 1944  
Registration District No. 206

Primary Registration District No. 2001

State File No. \_\_\_\_\_  
Registrar's No. 472

1. PLACE OF DEATH:

(a) County Jasper  
Joplin

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

(c) Name of hospital or institution St Johns Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin  
(If outside city or town limits, write "RURAL") 5

(d) Street No. 806 Connor  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no (1)

3. (a) PRINT FULL NAME Mr Barney Sheffler

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 29 1874  
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation lead and zinc miner

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

MOTHER FATHER { 12. Name John Sheffler

13. Birthplace no record

14. Maiden name no record

15. Birthplace norecord

16. (a) Informant Joe J Sheffler

(b) Address 806 Connor, Joplin Mo

17. (a) Burial (b) Date thereof 9-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem. Huribut Undertaking

18. (a) Signature of funeral director Joplin, Mo.

19. (a) 9-28-44 (b) Gertrude Sudholt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27  
year 1944 hour 4 minute 09 A.M.

21. I hereby certify that I attended the deceased from Sept 17  
4 P.M., 1944, to Sept 27, 1944  
that I last saw him alive on Sept 27-44, 1944  
and that death occurred on the date and hour stated above

Immediate cause of death Hypertensive  
Pneumonia  
due to

Duration \_\_\_\_\_

Due to Rt. Broken Femur

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

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

ADDITIONAL SUPPLEMENTARY INFORMATION REGISTERED

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, specify: \_\_\_\_\_

(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? \_\_\_\_\_

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

23. Signature A. L. Crawford (M. D. or other) \_\_\_\_\_  
Address Joplin Mo. Date signed \_\_\_\_\_

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

44-10-818

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 *Perret K. Hurlbut*  
Licensed Embalmer No. *959*  
P. O. Address *Opalus, N.C.*

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.

Registration District No. 156 Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Barney Sheffler

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

4. Sex M 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 29 (Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

MOTHER FATHER

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

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia due to

Due to Ch. Becker Jensen

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

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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

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

186  
18 18

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Fall - Broke hip

(b) Date of occurrence Sept 16

(c) Where did injury occur? home Joplin Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? no (Specify type of place)

(e) Means of injury fall

23. Signature J. Crawford (M. D. or other) \_\_\_\_\_  
Address Joplin Date signed 10-20-47

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. This section also touches upon the legal implications of failing to maintain such records, which can lead to severe consequences for individuals and organizations alike.

2. The second part of the document delves into the specific requirements for record-keeping, including the types of documents that must be retained and the duration for which they should be kept. It provides a detailed overview of the various categories of records, such as financial statements, contracts, and correspondence, and outlines the best practices for organizing and storing these documents to ensure they are easily accessible when needed.

3. The third part of the document addresses the challenges associated with record-keeping, particularly in the context of digital information. It discusses the risks of data loss, corruption, and unauthorized access, and offers strategies to mitigate these risks. This includes the use of secure storage solutions, regular backups, and the implementation of robust access controls to protect sensitive information.

4. The fourth part of the document focuses on the role of record-keeping in legal proceedings. It explains how well-maintained records can serve as crucial evidence in court cases, helping to establish the facts of a matter and support a party's position. It also discusses the importance of preserving records in their original form or as reliable digital copies to ensure their admissibility in legal proceedings.

5. The fifth part of the document provides a summary of the key points discussed and offers final thoughts on the importance of record-keeping. It reiterates that maintaining accurate records is not just a legal obligation but also a best practice for any individual or organization seeking to operate with integrity and transparency. The document concludes by encouraging readers to take the necessary steps to ensure their records are properly managed and protected.