

FILED DEC 14 1944

Registration District No. 252

Primary Registration District No. 4381

Registrar's No. 16

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Hopkins
(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 1
(Specify whether
 In this community 27 yrs.
years, months or days)

3. (a) PRINT FULL NAME Ida Belle Shafer
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Pete Shafer 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 27 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Gosport Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name William James Thompson
 13. Birthplace Unknown Ind. 1
(City, town, or county) (State or foreign country)
 14. Maiden name Mary M. Moore
 15. Birthplace Unknown Ohio 1
(City, town, or county) (State or foreign country)

FATHER { 16. (a) Informant Mrs Ernest Nicholas
 (b) Address Hopkins, Mo.

17. (a) Burial (b) Date thereof 11/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hopkins, Mo.

18. (c) Signature of funeral director Stanley Swanson
 (b) Address Hopkins, Mo.

19. (a) 11/5/44 (b) Ortaylor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Nodaway 74
 (c) City or town Hopkins, Mo.
(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 Nov. day 4
 year 1944 hour 3 minute 4 M.

21. I hereby certify that I attended the deceased from 11/4/44
6/1 1944 to 11/3 1944
 that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to _____
 Due to _____

Other conditions 83
(Includes pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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) _____
 (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 Ortaylor (M.D. or other) _____
 Address Hopkins Date signed 11/5/44

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

74
0
0

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, *myself*

Signed *Stanley Swanson*
Licensed Embalmer No. *3963*
P. O. Address *Hopkins, 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.