

FILED MAY 8 1945
Registration District No. 939

Primary Registration District No. 5530

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Mound City Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Benton, Mo.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. Benton Twp. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Chas. Melvin Shaffer

3. (b) If veteran, name war _____ 3. (c) Social Security No. 556-28-0768

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 15 1885
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1945 hour 5 minute 59 A.M.
21. I hereby certify that I attended the deceased from April 16 1945 to April 16 1945 that I last saw him alive on April 16 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage
Due to _____ Duration 3 mo

8. AGE: Years Months Days If less than one day
59 10 1 hr. _____ min.

9. Birthplace Irroquois, So. Dak.
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name David Shafferth
13. Birthplace South Bend Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Elizabeth Greely
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alice Lupe
(b) Address Mound City Mo

17. (a) Burial (b) Date thereof 4/18/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director W. S. ...

(b) Address Mound City Mo

19. (a) 4-18-45 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations gross Of autopsy _____
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? _____

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

23. Signature W. S. Perry (M. D. or other MD)
Address Mound City Mo Date signed 4-17-45

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

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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 W. H. Crawford
Licensed Embalmer No. 1824
P. O. Address Mound City 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.