

FILED AUG 13 1945 STANDARD CERTIFICATE OF DEATH

State File No. 23684

Registration District No. 57

Primary Registration District No. 520-15210

Registrar's No. 14

1. PLACE OF DEATH:

(a) County: Carroll
 (b) City or town: Carroll, Stokesman, Ia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Seavern Pond
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 60 days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Kenneth Allen Shaffer

3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

4. Sex: M 5. Color or race: W 6. (a) Single, widow, divorced, Chad

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased: Dec 12 1933
 (Month) (Day) (Year)

8. AGE: Years: 11 Months: 7 Days: 17 If less than one day: _____ min.

9. Birthplace: Russell Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation: Student

11. Industry or business: Chad

MOTHER FATHER

12. Name: Joseph Shaffer

13. Birthplace: Quinter Hill Kansas
 (City, town, or county) (State or foreign country)

14. Maiden name: Ruth Loper

15. Birthplace: Lincoln Kansas
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Ruth Shaffer

(b) Address: Russell, Kansas

17. (a) Burial (b) Date thereof: 7/31/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Quinter Hill, Iowa

18. (a) Signature of funeral director: Clifford W. Smith

(b) Address: Lincoln, Missouri

19. (a) July 31, 1945 (b) Mrs Edgar Smith
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Russell
 (c) City or town: Quinter Hill, Kansas
 (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: July day: 29th
 year: 1945 hour: 7 minute: 45 P.M.

21. I hereby certify that I attended the deceased from: Carroll, Ia
 _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death: Drowned while swimming in Seavern Lake with friends.

Due to: Walked off in deep water and body recovered 6 o'clock p.m.

Due to: _____

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

Duration

PHYSICIAN

Major findings:
 Of operations: _____
 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: July 29th 1945

(c) Where did injury occur? Seavern Lake Carroll Co Mo
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No on highway # 65 - 1/2 mile north of Jim Junction (Specify type of place)
 While at work? No (e) Means of injury: _____

23. Signature: Charlie Ruth (Print name or other)

Address: Carroll, Mo Date signed: 7/29/45

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

17
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SEP 6 1945

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.....

Clifford W. Austin

Licensed Embalmer No.....

3233

P. O. Address.....

Jenae, 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.