S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 16 1945

STANDARD CERTIFICATE OF DEATH

37634

State File No.

Registration District No. 15-6 Primary Registration District No. 2001 Registrar's No.

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

(d) Length of stay: In hospital or institution 0 (Specify whether

In this community life 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")

(d) Street No. 1441 Perkins (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Cora Bell 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 Married

6. (b) Name of husband or wife Charles Shafer

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March (Month) 31 (Day) 1880 (Year)

8. AGE: Years 66 Months 5 Days 14 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Housewife

FATHER
12. Name James Fitzgerald
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Charles Shafer

(b) Address Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Granby Mo.

18. (a) Signature of funeral director Witt City Ord Co

(b) Address Witt City Mo.

19. (a) 10-17-45 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1945 hour 8 15 minute P. M.

21. I hereby certify that I attended the deceased from 10-5-45, 19 to 10-13-45, 19; that I last saw her alive on 10-13-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to

Due to Chronic Poisoning 9-19-45

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 131

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)

(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 Walter Howard (M. D. or other)

Address Joplin Mo Date signed 10/16/45

1404 (Licensed Embalmer's Statement on Reverse Side)

45-10-813

MAY 27 1950

JAN 7 1946

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 myself, ..., Registered Apprentice No. ....., working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb 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.