S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17647

Registration District No. 276 Primary Registration District No. 5944 Registrar's No. 18

1. PLACE OF DEATH:
(a) County PHELPS
(b) City or town RURAL, Dawson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 21 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County PHELPS 81
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) ~~Street No.~~ Dawson Twp
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME JOHN SCHAFFER
3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband~~ or wife MARY
6. (c) Age of ~~husband~~ or wife if alive 75 years
7. Birth date of deceased 1 (Month) 9 (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	4	16	hr. min.

9. Birthplace PHELPS Co. (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name CLEMONT SCHAFFER
13. Birthplace PHELPS Co. (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name CHRISTINA ELBANK
15. Birthplace — (City, town, or county) MO (State or foreign country)
16. (a) Informant JOHN SCHAFFER
(b) Address ST JAMES MO
17. (a) Hughes Cem (Burial, cremation, or removal) (b) Date thereof 5 24 46 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Burial Hughes Cem
18. (a) Signature of funeral director Oral E. Kirkelder
(b) Address St James Mo
19. (a) June 7, 46 (Date received local registrar) (b) Cora E. Birmingham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1946 hour 10 am minute ..... M.
21. I hereby certify that I attended the deceased from February 1, 1946 to May 24, 1946 that I last saw him alive on May 20th, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic nephritis	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cystitis, prostatic colitis, 9 calculi in urinary bladder	6 mos
Major findings: Of operations possible cancer	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. Hammler (M. D. ~~or other~~)
Address St. James, Mo. Date signed V. 26/46

253 (Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 3546

P. O. Address .....

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.