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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

Registration District No. 177

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40828

Registrar's No. 5398

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital ~~or institution~~: LAKESIDE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 1 HOUR (Specify whether
In this community 29 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 5833 PEERY AVENUE
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. GRACE SCHAFER

3. (b) If veteran, name war No

3. (c) Social Security No. 496-26-3765

4. Sex FEMALE

5. Color or race WHITE

6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of husband ~~or wife~~ MR. SHERMAN SCHAFER

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov (Month) 10 (Day) 1882 (Year)

8. AGE: Years 54 Months 1 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace CARBONDALE (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

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

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

16. (a) Informant MR. SHERMAN SCHAFER

(b) Address 5833 PEERY AVE.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof DEC 24, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation MARION ILLINOIS

18. (a) Signature of funeral director O. N. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-25-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 22 NO year 1946 hour 1 minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec. 21, 1946 to Dec. 22, 1946 that I last saw her alive on Dec. 22, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	6 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): chronic cardiac asthma, chronic arthritis	many years
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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury

23. Signature V. W. Harvey (M. D. or other) DO

Address 407 Werthman Bldg. Date signed 12-24-46

(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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas 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.