

FILED FEB 10 1947

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pike Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME HORTENSE SHAFFNER

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry Shaffner 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 30 1901
(Month) (Day) (Year)

8. AGE: Years 45 Months 9 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Louisiana Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife--Music Teacher

MOTHER FATHER

11. Industry or business _____
12. Name Adolphus Wehrman

13. Birthplace Louisiana Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Willa Whiffen
15. Birthplace Orillia Ontario Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harry Shaffner
(b) Address Louisiana, Missouri

17. (a) Burial (b) Date thereof 2/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana, Mo.

18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana, Missouri

19. (a) 2-2-47 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 415 Noyes St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30 year 1947 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1-30 1947 to 1-30 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure
Due to Myocarditis
Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: None 93E

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury None

23. Signature Bernice Collier (M. D. or other) _____
Address Louisiana, Mo. Date signed 1-31-47

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

APR 16 1947

FEB 11 1947

RECEIVED
District Health Officer No. 10
District File No. 247-235
Date filed FEB - 5 1947

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.....

Virginia M. Sterne....., Registered Apprentice No. *491*
working under my personal supervision.

Signed *J. B. Sterne*.....

Licensed Embalmer No. *4039*

P. O. Address *Louisiana, 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.