S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4065

Primary Registration District No. 1000

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 17 days (Specify whether

In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph (If outside city or town limits, write "RURAL") 7

(d) Street No. 2430 South 6th St (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Amony Shaffer

3. (b) If veteran, name war no

3. (c) Social Security No. 491-28-1515

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widower 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased January 6, 1872 (Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Perryopolis, Pennsylvania (City, town, or county) (State or foreign country) 1

10. Usual occupation operated second hand store

11. Industry or business —

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Social Security Records

(b) Address Federal Bldg, St. Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn Cemetery Barry Funeral Home

18. (a) Signature of funeral director

(b) Address St. Joseph, Mo.

19. (a) Feb. 11, 1947 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27 year 1947 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from January 10, 1947, to January 27, 1947; that I last saw him alive on January 27, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	15days
Other Conditions:	
Due to Chr. Myrocarditis with decompensation	5 yrs
Due to Hypertrophy of Prostate	2 mos
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

930

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? 0 (e) Means of injury 0

23. Signature Arvin W. Craig MD (M. D. or other)

Address 405 Tootle Bldg St Joseph Mo Date signed 29 Jan 47

582

(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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.