

S. No. 2  
M-8-43  
5-17-39  
X37823

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9769

State File No. ....

Registration District No. 167

Primary Registration District No. 5606

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:  
Died at home

(If not in hospital or institution, write street number or location)

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

In this community # 68 years  
years, months or days)

3. (a) PRINT FULL NAME Willis Granville Shafer

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

4. Sex M race W

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Day) (Year)

7. Birth date of deceased Jan 13 1853  
(Month) (Day) (Year)

8. AGE: Years 94 Months 1 Days 20  
hr min

9. Birthplace Delaware Co. Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Daniel Shafer

13. Birthplace Augusta Co. Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Connor

15. Birthplace Augusta Co. Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant R. P. Shafer

(b) Address Kingsville, Mo R. 2

17. (a) Burial (b) Date thereof Mar 6 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Spring

18. (a) Signature of funeral director [Signature]

(b) Address Holden, Mo

19. (a) April 1 1947 (b) Mrs. G. O. Redford  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. R 197  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1947 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1935  
to 1947  
that I last saw him alive on Feb 23 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: (1) Arteriosclerosis  
(2) Embolus (3) Uremia

Due to: Infirmities of age

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 97  
Of operations \_\_\_\_\_

Of autopsy: No autopsy

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: [Signature] (M. D. or other) \_\_\_\_\_  
Address: [Signature] Date signed: 4-5-47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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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 Samuel B Popp

Licensed Embalmer No. 4044

P. O. Address Holden Md

**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.**