

FILED OCT 24 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 4278

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Miller P.R. Greene  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Residence 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community: Native  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55  
(c) City or town Miller P.R. 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John M. Shaffer

3. (b) If veteran, name war: no

3. (c) Social Security No. 1020

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife ROSA SHAFER

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased: 9-12-1866  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 31  
year 1947 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from July 1946 to Aug 31 1947

that I last saw him alive on Aug 30 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancerous complications with nephritis

Duration

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

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

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature: L. J. Holmes (M. D. certifier)  
Address: Miller Mo Date signed 8-31-47

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

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name: M. J. Shaffer  
13. Birthplace: Carleton Mo.  
14. Maiden name: Mary Ann Shaffer  
15. Birthplace: Carleton Mo.  
16. (a) Informant: Mrs. Maria Shaffer  
(b) Address: Miller Mo.  
17. (a) Burial, cremation, or removal: Burial  
(b) Date thereof: 9-2-47  
(c) Place: burial or cremation: Round Grove  
18. (a) Signature of funeral director: Morris Leman  
(b) Address: Miller Mo.  
19. (a) Date received local registrar: 10-1-47  
(b) Registrar's signature: W. S. Bussell

RECEIVED

District Health Officer No. 6,

District File Number 1047-1079

Date Filed OCT 20 1947

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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 L. B. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.