

No. 2  
-12-45  
5-17-39  
X 47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38409**  
Registrar's No. **4949**

FILED DEC 9 1947

Registration District No. **144** Primary Registration District No. **1002**

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

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: **Conley Maternity Hosp.**  
(If not in hospital or institution, write street number and location)

(d) Length of stay: **13 hrs.**  
(If in hospital or institution, write street number and location) (Specify whether years, months or days)

In this community **13 hrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 48**

(c) City or town **Kansas City 3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5607 East 16th St. Terr. 8**  
(If rural, give location)

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

If yes, name country **U**

3. (a) PRINT FULL NAME **BABY SCHAFFER**

3. (b) If veteran, name war **Child**

3. (c) Social Security No. **Child**

4. Sex **MALE** 5. Color or race **W**

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

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

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

7. Birth date of deceased **11 24 47**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**0 0 0 12** hr 5 min

9. Birthplace: **Kansas City Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

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

MOTHER FATHER

12. Name **Frank X Schaffer**

13. Birthplace **Kansas City Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ruth Evelyn Douglas**

15. Birthplace **Powhuska Okla**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruth Schaffer**

(b) Address **5607 - E. 16th Terrace K.C. Mo.**

17. (a) **Burial** (b) Date thereof **11-26-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Springs, Mo.**

18. (a) Signature of funeral director **Walter K. Myers Home K.C. Mo.**

(b) Address \_\_\_\_\_

19. (a) **11-25-47** (b) **M. Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **25th** year **1947** hour **1** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Birth** **11-24**, 19**47**, to **Expiration** **11-25**, 19**47**;

that I last saw him alive on **11-25**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Birth prior to age of viability - 6th month**

Due to **R.H. negative mother**

**R.H. Positive father**

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

Other conditions: **159**  
(Include pregnancy within 3 months of death)

Major findings: **159**

Of operations \_\_\_\_\_

Of 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury **1900**

23. Signature **L.E. Davidson** (M. D. or other)

Address **2105 Indep. Ave** Date signed **11-25-47**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.