

FILED JUN 14 1948

Registration District No. 472

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15506

Primary Registration District No. 1000

Registrar's No. 622

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: 1120 Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1120 Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George V. H. Shaver

3. (b) If veteran, No
name war
3. (c) Social Security No. 493-18-9351

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Auguste C. Shaver
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 30, 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 0
If less than one day hr. min.

9. Birthplace Kingston Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Retired salesman

11. Industry or business Michigan Ladder Co.

12. Name Wm. Henry Shaver
13. Birthplace Unknown Canada
(City, town, or county) (State or foreign country)
14. Maiden name Malvina E. Hutchins
15. Birthplace Unknown Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Hubert Jones
(b) Address St. Joseph, Mo.

17. (a) Burial Burial
(Burial, cremation, or removal) (b) Date thereof 6/1/48
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Neaton Bowman
(b) Address St. Joseph, Mo.

19. (a) 6-9-48 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1948 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec 7, 1948 to May 30, 1948
that I last saw him alive on May 30, 1948
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death: Atherosclerosis general atherosclerosis heart disease
Due to Coronary Occlusion 5-30-48

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

Major findings: Of operations: M.D.
Of autopsy:

PHYSICIAN

Underline the cause of 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 M. D. Shaver (M. D. or other)
Address St. Joseph, Mo. Date signed 6-5-48

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

MOTHER FATHER

1929 10. 21. 1929

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 Regina Wood
Licensed Embalmer No. 3804
P. O. Address 319 So 10th 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.