

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25761

State File No.

Registration District No. 78

Primary Registration District No. 4124

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Kahoka Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23
(c) City or town Kahoka 1
(If outside city or town limits, write "RURAL.") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DOROTHY VIOLA SHAFFER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lester Shaffer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 30 1920
(Month) (Day) (Year)

8. AGE: 28 Years 2 Months 5 Days If less than one day _____ hr. _____ min.

9. Birthplace Williamstown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

MOTHER FATHER
12. Name John L. Yttaker
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Mary Sturgeon
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Shaffer

(b) Address Kahoka Missouri

17. (a) Burial (b) Date thereof Sept 8 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka Cemetery

18. (c) Signature of funeral director Lester Shaffer

(b) Address Kahoka Missouri

19. (a) 9-11-48 (b) J. H. Bridges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 5 day 1948
year 6 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Skull crushed by wheel of truck
Due to accident

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

Major findings: Of operations _____
Of autopsy 1700
22

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Sept 5, 1948

(c) Where did injury occur? Union Township 23
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on county road

While at work? yes (Specify type of place) (c) Means of injury _____

23. Signature Perry J. Barton (M. D. or other) DO

Address Kahoka Date signed 9-8-48

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

RECEIVED

District Health Officer No.

District File Number 948

Date Filed SEP 13 1948

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 Chas. R. Luttinger

Licensed Embalmer No. 2965

P. O. Address Wray 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.