. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 23 1948

Registration District No. 76

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-568

State File No. 26744

Registrar's No. 244

1. PLACE OF DEATH:

(a) County Jackson Rural. Blue

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

(c) Name of hospital or institution: Residence, 8940 Independence Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 years (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8940 Independence, AVE. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME MR. ALOIS LINUS SCHAFER

3. (b) If veteran, name war none

3. (c) Social Security No. 499 16 1349

4. Sex male 0

5. Color or race White

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Selma L. Schafer (deceased)

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

7. Birth date of deceased June 19, 1890 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	1	27	hr. min.

9. Birthplace Warzburg, Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Maintainance

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown 9
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. A. W. Schafer
(b) Address 8940 Indep. Ave. K. C. Mo.

17. (a) burial (b) Date thereof 8/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.

19. (a) 8-18-48 (b) [signature] 2549
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 48 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from May, 1948, to Aug, 1948, that I last saw him alive on Aug 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 2 mo.

Due to Bronchogenic Carcinoma

Due to

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 52

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James E. Griffin Jr. D.O.
Address 11008 1/2 Wenner Rd. Date signed 8/16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Independence, Missouri

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.