S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30699

FILED OCT 5 1948
Registration District No. 1948 94

Primary Registration District No. 3056

Registrar's No. 247

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Days D (Specify whether years, months or days)
In this community: 2 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Shelby 102
(c) City or town: Shelbina 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Louis Schaffer
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Male D
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nannie Schaffer
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: June (Month) 18th (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	2	26	hr. min.

9. Birthplace: Quincy (City, town, or county) Ill (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Farming
MOTHER FATHER
12. Name: Henry Schaffer
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name: Hannah Tennis
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Nannie Schaffer
(b) Address: Shelbina Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Shelbina Mo.
18. (a) Signature of funeral director: Million & Barkeley
(b) Address: Shelbina Mo.
19. (a) Sept 27-48 (Date received local registrar) (b) Leah Williams Coons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14th year 1948 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from Cancer 19 48 to 19 Sept 19 48 that I last saw him alive on 14 Sept 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Arteriosclerosis	
Due to: Cancer Esophagus	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 50	
Of autopsy: 9	

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 D
23. Signature: [illegible] (M. D.)
Address: Moberly Mo. Date signed [illegible]

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Sept 27 48
Report was rec'd and was not returned to me until two funeral homes

RECEIVED
District Health Officer No. 10
District File Number 10:48:1710
Date Filed OCT 4 - 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 Henry A Burkeley

Licensed Embalmer No. 3835

P. O. Address Shelbina, 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.