DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 4 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11651

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 157

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Private Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler 12
(c) City or town Poplar Bluff MO 7
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Emily J. Shaffer
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife John Shaffer
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased JAN (Month) 10 (Day) 1868 (Year)

8. AGE: Years 81 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Laport, Ind (City, town, or county) Ind (State or foreign country) 1
10. Usual occupation Bookkeeper
11. Industry or business Grain Exchange
FATHER
12. Name — — Hurton
13. Birthplace (City, town, or county) Ind. (State or foreign country) 1
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Ester Collins
(b) Address Poplar Bluff Mo 0
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff Cemetery
18. (a) Signature of funeral director [signature]
(b) Address Corning, Ark. 4 2 0
19. (a) April 30 1949 (Date received local registrar) (b) Wm H. Johnson (Registrar's signature) 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 29 day year 1949 hour 10:30 minute A M.
21. I hereby certify that I attended the deceased from July 5 1948 to April 29 1949 that I last saw her alive on April 29 1949 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-nephritis	2 mo
Due to Leg Ulcers	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 442X	
Of autopsy	

PHYSICIAN
Underline the cause to 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 0
23. Signature Wm H. Burton (M. D. ~~or other~~)
Address Poplar Bluff Date signed 4-30-49

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 2 REC'D

BUTLER COUNTY HEALTH CENTE

54982

5-2-49

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. 767 (ARK)

P. O. Address Corning, Ark.

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.