

FILED JAN 27 1948

Registration District No. 219

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2791

1833

State File No.

Registrar's No. 4

1. PLACE OF DEATH

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

3. (a) PRINT FULL NAME GEORGE SCHAFFNER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUG 27 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 22 hr. min.

9. Birthplace Burgin Mo
(City, town or county) (State or foreign country)

10. Usual occupation Ret Farmer

11. Industry or business

MOTHER FATHER { 12. Name Barney Schaffner
13. Birthplace Switzerland
14. Maiden name Lyda Spindler
15. Birthplace Switzerland
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Geo. Schaffner
(b) Address Russellville Mo
17. (a) Rural (b) Date thereof 1-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DEFE CEM

18. (a) Signature of funeral director E. M. Elbert
(b) Address Russellville Mo
19. (a) 1/24/48 (b) C. M. Zick
(Date received local registrar) (Registrar's signature) 1948

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 19
year 1948 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 30
1940 to Jan 19 1948
that I last saw him alive on Jan 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency Duration 4 years
Due to Malignant Hypertension 10 years
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy 45c
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
23. Signature E. M. Elbert (M. D. or other) MD
Address Russellville Date signed 1/21/48

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. 2307

P. O. Address Russellville, 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.