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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Book. 1949

State File No. 42606

FILED FEB 7 1949  
Registration District No. 280

Primary Registration District No. 4419

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Dearborn *Green*

(c) Name of hospital or institution: none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none

In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte *83*

(c) City or town Dearborn

(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) *9*

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

If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Sarah Margaret Shifflett

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28

year 1948 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from June *1948* to Dec 28 *1948*

that I last saw her alive on Dec. 12 *1948* and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race white

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

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

7. Birth date of deceased: May 4 1867

(Month) (Day) (Year)

8. AGE: 81 Years 7 Months 24 Days

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death arteriosclerotic heart disease

Duration 2 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Texas Co. Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Arch Wood

13. Birthplace Texas Co. Missouri

(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_

(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 935

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant A.R. Gaines

(b) Address Dearborn, Missouri

17. (a) Burial (b) Date thereof Dec. 30-48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Point Cem.

18. (a) Signature of funeral director. Vaughn-Aufranc

(b) Address Dearborn, Missouri

19. (a) 1-3-49 (b) Ophelia Raeling

(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature S. P. D... (Date signed 1-3-49)

Address Dearborn Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-4-49

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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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address. Weston, 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.