. S. No. 2
M—1-4-41
v. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3673

Primary Registration District No. 104

Registrar's No. 120

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
442 Suburban Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Ferguson 6
(If outside city or town limits, write "RURAL")

(d) Street No. 442 Suburban Ave. 3
(If rural, give location)

(e) Citizen of foreign country?.....(Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME CLARA E. SHANER.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Rufus H. Shaner.

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased December 21, 1863.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	0	22	....hr. ....min.

9. Birthplace Deslodge, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife at home.

FATHER
12. Name James Clay.
13. Birthplace ? (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Amanda Andrews.
15. Birthplace ? (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mr. William R. Shaner.
(b) Address Bismark, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-1942. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) JAN 15 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1942 hour 6.45 minute P. M.

21. I hereby certify that I attended the deceased from Oct 10
1941 to Jan 12 1942
that I last saw her alive on Jan 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Immediate cause of death: General debility	3 mo.
Due to: Cirrhosis of liver	3 mo+
Due to: Fistula	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Cirrhosis of liver. (Free fluid in abdomen)

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) None
(b) Date of occurrence None
(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 Paul R. Whitener (M. D. or other)
Address 8923 Midland, Overland Mo. Date signed 1-12-42

(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 3 4 54
David C. Gibson, Registered Apprentice No.,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L

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.