

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11121
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
(b) Township _____ Primary Registration District No. 3021 Registered No. 21
(c) City Webb City (d) Street No. Jasper Chemo Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Infant son of H. R. Shanes 560
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
X X X

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Webb City
(STATE OR COUNTRY) Missouri

FATHER
13. NAME H. R. Shanes

14. BIRTHPLACE (CITY OR TOWN) Carterville
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Hazel Catherine Smith

16. BIRTHPLACE (CITY OR TOWN) Smithfield
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Edward H. R. Shanes
Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carterville Cemetery DATE March 5, 1938

19. FUNERAL DIRECTOR (ADDRESS) Hedge - Nelson
Webb City, Mo.

20. FILED MCH. 5. 38 19 1938
E. J. Schickel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1938
22. I HEREBY CERTIFY, That I attended deceased from March 4, 1938, to March 4, 1938
I last saw him alive on _____, 1938. Death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

Gilberson
Cause Unknown
Other contributory causes of importance:
Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) C. J. Dwyer, M.D.
W. M. ...
377 (Address)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, E. M. Hedge, Licensed Embalmer No. 2859

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. M. Hedge

..... L. E.

No. 2859 or by, Registered Apprentice No.

working under my personal supervision.

Signed E. M. Hedge

Licensed Embalmer No. 2859

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.)