

REC'D SEP 26 1938

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

29270

Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
 (b) Township _____ Primary Registration District No. 3023 Registered No. 80
 (c) City Warrensburg (d) Street No. _____ 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. da.

2. PRINT FULL NAME

Carl Raymond Shriver 615
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Shriver
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep-26-1881
 7. AGE YEARS 56 MONTHS 10 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Banker
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Wayne Co. (STATE OR COUNTRY) Iowa
 FATHER 13. NAME Adomnison Shriver
 14. BIRTHPLACE (CITY OR TOWN) Wayne Co. (STATE OR COUNTRY) Iowa
 MOTHER 15. MAIDEN NAME Nellie Rymov
 16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) Mrs. C. J. McConnell
Kansas City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Aug-6-1938
 19. FUNERAL DIRECTOR (NAME) Suzeney Phillip (ADDRESS) Warrensburg, Mo.
 20. FILED Aug 6 1938 Ebra Bentley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-4-1938
 22. I HEREBY CERTIFY, That I attended deceased from March 26 1938, to August 4 1938
 I last saw him alive on August 4 1938 Death is said to have occurred on the date stated above, at 7:30 m.
 The principal cause of death and related causes of importance were as follows:
94 Coronary Thrombosis. Date of onset 3-26
93 Chronic Myocarditis.
 Other contributory causes of importance:
None
 Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No
 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? No
 If so, specify _____
 (Signed) E. R. Cooper M. D.
Warrensburg, Mo. (Address)

RECEIVED
District Health Officer, No. 8,
District Files Number
Date Filed 9/18/38

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. _____

P. O. Address _____

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, above space should be left blank.