

1939 JUN 15 1939

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

17938  
Do not use this space.

1. PLACE OF DEATH

(a) County Barry <sup>2</sup> Registration District No. 30  
 (b) Township 1 Primary Registration District No. 3003  
 (c) City Monett (d) Street No. \_\_\_\_\_  
 (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 <sup>5-24</sup> George Bates Hanshaw

(a) Residence, No. 800 4th. St. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carolyn Evans Hanshaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 1 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Retired  
 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) Palmyra, 1  
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Hezekiah Hanshaw 9  
 14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Don't know 1

MOTHER 15. MAIDEN NAME Johanna Randolph 1  
 16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. C. R. Rose.  
 (ADDRESS) 800 4th. St., Monett, Mo.

18. BURIAL, ~~CEREMONY~~ CEREMONY  
 PLACE I.O.O.F. Cemetery DATE May 24, 1939

19. FUNERAL DIRECTOR Callaway's  
 (ADDRESS) Monett, Mo.

20. FILED 5-24- 1939 W. M. West  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 - 1938 to May 23 - 1939  
 I last saw him alive on May 27, 1939 Death is said to have occurred on the date stated above, at 12:00 m.  
 The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver  
124 b  
 Other contributory causes of importance: \_\_\_\_\_  
 Date of onset Day 1 Nov

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X Ray Was there an autopsy? X

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) L. H. Ferguson, M. D.  
Monett, Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-7-2b-37 I X12004

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1202

Date Filed JUN 8 1939

STATEMENT BY LICENSED EMBALMER

I J. D. Buchanan Licensed Embalmer No. 3179  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

.....L. E. ....

No. ....or by..... Registered Apprentice No.....

working under my personal supervision.

Signed J. D. Buchanan  
Licensed Embalmer No. 3179

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.)