

REC'D JUL 11 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
21608
Do not use this space.

1. PLACE OF DEATH

 (a) County Buchanan Registration District No. 85
 (b) Township 1 Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 1122 So. 17th. 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 39 yrs. 3 mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

210 Clarence John Shockley
 (a) Residence, No. 1122 S. 17th. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frances Glaze</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4, 1900.</u>		
7. AGE	YEARS	MONTHS
	<u>39</u>	<u>3</u>
		DAYS
		<u>21</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Bread Salesman</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Bakery Truck</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1935</u>	11. Total time (years) spent in this occupation <u>?</u>
12. BIRTHPLACE (CITY OR TOWN) <u>St. Joseph</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>John Shockley</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Albany</u> (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Minnie Wenger</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Buchanan County</u> (STATE OR COUNTRY) <u>Missouri.</u>	
17. INFORMANT <u>Minnie Shockley</u> (ADDRESS) <u>1122 So. 17th. Str. St. Joseph, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Ashland Cemetery</u> PLACE <u>St. Joseph, Mo.</u> DATE <u>June 28, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>H. O. Sidenfaden & Son</u> (ADDRESS) <u>1802 Union Str. St. Joseph, Mo.</u>		
20. FILED <u>June 24 1939</u> <u>A. Wittlich</u> <u>Local Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 25, 1939</u>	<u>viewed</u>
22. I HEREBY CERTIFY, That I <u>viewed</u> deceased from <u>June 25th</u> , 19 <u>39</u> , to _____, 19____ I last saw him/her alive on <u>#####</u> , 19____. Death is said to have occurred on the date stated above, at <u>3:00 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Acute Coronary Thrombosis</u>	
Other contributory causes of importance: <u>none</u>	
Name of operation _____ Date of _____	Date of onset
What test confirmed diagnosis? <u>History</u> Was there an autopsy? <u>no</u>	
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? <u>no</u> If so, specify _____ (Signed) <u>B. W. Tadlock</u> Coroner <u>H</u> , M. D. (Address) <u>King Hill Bldg.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

I X 18603

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 *Albert E. Harrington*.....

Licensed Embalmer No..... 3258.....

P. O. Address *St. Joseph, 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, above space should be left blank.