

NOV 18 1939

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

35405

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 992
 (b) Township Crane or Crane Primary Registration District No. 5047 Registered No. 716
 (c) City Crane (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 73 yrs. 7 mo. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mo. ds.

2. PRINT FULL NAME

240
 (a) Residence, No. Route 2 Crane mo 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 Sarah Shockley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
73 7 10

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellings MO

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Walter Shockley (ADDRESS) Crane MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Crane DATE Oct 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Linn
Osceola, Mo.

20. FILED Oct 23 1939 Don Brechtler Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1939, to Oct 18, 1939.
 I last saw him alive on Oct 15, 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Right side of Brain
 Date of onset Oct 17, 1939

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis Autopsy 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 _____

(Signature) Dr. Kenneth L. Kelley, M. D.
 (Address) 16 E. Journal St., Osceola, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 1139-2169

Date Filed NOV 6 1939

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, by

Bear L. Marsh
working under my personal supervision.

Registered Apprentice No. 2

Signed Bear L. Marsh

Licensed Embalmer No. 3812

P. O. Address Avon, Md.

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.