

1930 MAR 18 1940

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

6893
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 398
 (b) Township Blue Primary Registration District No. 5554 Registered No. 76
 (c) City or Independence (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. ds.

2. PRINT FULL NAME John Thomas Shawhan
 (a) Residence, No. 2114 Norwood 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carolene A Shawhan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5-1907
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
32 11 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. Feed Store
 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) Lone Jack Mo

13. NAME W. S. Shawhan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lone Jack Mo

15. MAIDEN NAME Laura Laila Alexander

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lone Jack Mo

17. INFORMANT (ADDRESS) W. S. Shawhan
Lee's Summit Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Int Washington DATE 3-5-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. B. Gangesford
Lee's Summit Mo

20. FILED March 5, 1940 J. R. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/3/40, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19, to _____, 19, _____

I last saw h. _____ alive on _____, 19, _____ Death is said to have occurred on the date stated above, at _____.

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

Date of onset _____
9412

Other contributory causes of importance: _____

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) J. R. Cook M. D.
 (Address) 360 Lee's

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 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..... *H. B. Langford*.....
Licensed Embalmer No. *3833*.....
P. O. Address..... *Lee's Summit, 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.