No. 2
11-10-39
5-17-39
FILED MAY 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14332

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 421

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST. JOSEPH (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1018 DEWEY - AVE. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether

In this community 4 MONTHS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN

(c) City or town ST - JOSEPH. (If outside city or town limits write "RURAL")

(d) Street No. 1018 DEWEY (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME SARAH-C-SHANNON

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Fem

5. Color or race Wht

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Lewis Shannon

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug (Month) 8 (Day) 1860 (Year)

8. AGE: Years 79 Months 8 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace unk (City, town, or county) Mo. (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Frederick Redringer
13. Birthplace unk (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Hanna Henry
15. Birthplace unk (City, town, or county) unk (State or foreign country)

16. (a) Informant Arthur Downey

(b) Address St Joseph Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr 12 1940 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Ridgeway Mo.

18. (a) Signature of funeral director Roy Stamey

(b) Address St Joseph Mo

19. (a) April 11, 1940 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 11 year 1940 hour 5:15 minute a. M.

21. I hereby certify that I attended the deceased from 3/17, 1940, to 4/10, 1940 that I last saw her alive on 4/2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Myocarditis chronic

Due to age.

Due to

Other conditions no (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85 (Specify type of place)

While at work? — (e) Means of injury —

23. Signature J. T. Stamey (M. D. ~~or other~~)

Address 2624 St Joseph Ave Date signed 4/11/40

(Licensed Embalmer's Statement on Reverse Side)

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 John H Hurley, Registered Apprentice No. ....., working under my personal supervision.

Signed John H Hurley

Licensed Embalmer No. 4050

P. O. Address 2320 St Joseph

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.