FILED MAY 13 1940

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

Do not use this space.

15621

File No.
Registered No. 83

1. PLACE OF DEATH
County Nodaway
Registration District No. 626
Township
Primary Registration District No. 3031
City Maryville (No. St Francis Hospital St. Ward)

2. FULL NAME Miss Anna Shonen
(a) Residence, No. 524 W First St St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1852

7. AGE: Years 87 | Months 8 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper
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) New York

FATHER
13. NAME Peter Shonen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Katherine Schrader
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT F. E. Diss
(ADDRESS) Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's DATE April 5 1940

19. UNDERTAKER Cummins Furniture Co.
(ADDRESS) Maryville Mo.

20. FILED Apr. 5 1940 Mamie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1940

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1940 to April 3, 1940
I last saw h. alive on April 2, 1940 Death is said to have occurred on the date stated above, at 9:00 m. A. M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation None 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) M. D.
(Address) Maryville Mo.

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This body was embalmed
by the undersigned

J. R. Cummins
Maryville Mo
License No 1625