DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22093

JUL 15 1940

Registration District No. 44 Primary Registration District No. 5609 Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE

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

(c) Name of hospital or institution: LEBANON MO. ROUTE 5. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community ALL HER LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE

(c) City or town RURAL (If outside city or town limits, write "RURAL")

(d) Street No. LEBANON TWP (If rural, give location)

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

3. (a) PRINT FULL NAME EDITH W. SHANNON 550

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife J.W. SHANNON

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

7. Birth date of deceased SEPT. (Month) 23 (Day) 1884 (Year)

8. AGE: Years 55 Months 7 Days 29 If less than one day hr. min.

9. Birthplace LACLEDE Co (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER 12. Name CHAS. WALSTROM

13. Birthplace SWEEDEN (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name CHRISTINE SUNWALL

15. Birthplace SWEEDEN (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J.W. Shannon

(b) Address LEBANON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON

19. (a) 5-24-40 (Date received local registrar) (b) J. A. McCaub (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22 year 1940 hour ABOUT-4 minute P. M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death STRANGULATION	Duration
Due to HANGING	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) SUICIDE

(b) Date of occurrence MAY 22ND 1940

(c) Where did injury occur? LEBANON TWP (City or town) LACLEDE (County) MO (State)

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

While at work? NO (e) Means of injury HANGING

23. Signature James D. Stanton CORONER (M. D. or other)

Address LEBANON MO Date signed 5-23-40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 7
District File Number 9/40/961
Date Filed 7-1-40

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 D A Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.