

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 208

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Since April 8, 1930
 (Specify whether
 In this community Same
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline Co.
 (c) City or town Wrighton, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JAMES R. SHANNON

3. (b) If veteran, name war D.K. 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mollie 6. (c) Age of husband or wife if alive D.K. years

7. Birth date of deceased aug 14 1873
 (Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 8 If less than one day
 hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

12. Name John Shannon

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

14. Maiden name Elizabeth Jacy

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

16. (a) Informant Hospital Records

(b) Address Fulton, Mo

17. (a) Burial (b) Date thereof Aug 22, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Worthless, Mo

18. (a) Signature of funeral director J. H. Wallace

(b) Address Fulton, Missouri

19. (a) 8-22-40 (b) R. N. Creve
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22^d
 year 1940 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____;
 that I last saw him in dead in alive on August, 22^d 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death from a dose of Atropine sulphate. One glassful of a half of 10% percent solution. Mistakenly administered.

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 179

Major findings: Of operations 11
 Of autopsy _____

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) accident

(b) Date of occurrence aug 22, 1940

(c) Where did injury occur? Fulton, Callaway, Mo
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
10-10 (Specify type of place) While at work? () Means of injury _____

23. Signature J. W. Holman (M. D. or other) 5
 Address 8-E-8th St. Fulton, Mo. Date signed _____

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

MOTHER FATHER

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 Geo G Wallace

Licensed Embalmer No. 3373

P. O. Address Fulton

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

If this body is not embalmed, fact should be so stated above.