No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 21 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36130

State File No.

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 210

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 606 So Williams
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 606 So Williams
(If rural, give location)

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

3. (a) PRINT FULL NAME Leander E. Shew

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Kittie Shew

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

7. Birth date of deceased May (Month) 25th (Day) 1840 (Year)

8. AGE: Years 100 Months 4 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) N.Y. (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name John Shew

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

MOTHER 14. Maiden name Harriett Penfield

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

16. (a) Informant Mrs. Rosa Shew

(b) Address Moberly Mo

17. (a) Ottumwa Ia (Burial, cremation, or removal) (b) Date thereof 10/10/1940 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Ottumwa, Ia

18. (a) Signature of funeral director Malan and Son

(b) Address Moberly Mo

19. (a) Oct 10-1940 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th year 1940 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 1st, 1940, to Oct. 8th, 1940, that I last saw him alive on Oct. 8th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Debility

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. O. Fish (M. D. or other)

Address Moberly Mo Date signed 10/9/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-40-2161
Date Filed NOV 14 1940

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 Frank D D'Witt

Licensed Embalmer No. 3021

P. O. Address Moberly

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.