

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39385**

Registration District No. **626**

Primary Registration District No. **3031**

Registrar's No. **150**

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Marvville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community All his life (Specify whether
years, months or days) 2

3. (a) PRINT FULL NAME Lawrence Harvey Shanks

8. (b) If veteran, name war World War 8. (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 Mrs. Mina Shanks 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept 24 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>I</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation Shoe making & Repair Shop

11. Industry or business Shoe

12. Name Alonzo Shanks

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

14. Maiden name Maggie Shannon

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

16. (a) Informant's own signature Mina Shanks

(b) Address Marvville, Mo.

17. (a) Oak Hill (Burial, cremation, or removal) (b) Date thereof II, 24 19
(Month) (Day) (Year)

(c) Place: burial or cremation Marvville Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Marvville Mo.

19. (a) 11-22-40 (Date received local registrar) (b) Mamie E. Clardy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Marvville
(If outside city or town limits, write "RURAL")
(d) Street No. 402 E First St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 20 day 1940
year _____ hour II:55 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from Feb 15, 1940 to Nov 20, 1940
that I last saw him alive on Nov 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Ischemic thrombosis

Due to 47 (a)

Other conditions Gravid thrombosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

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?
5/6 (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (R. U. or other) _____
Address Marvville Mo Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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.

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 _____

Licensed Embalmer No. 1675

P. O. Address Marshall

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.