

FILED JAN 25 1941

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

42164  
Do not use this space.

1. PLACE OF DEATH

(a) County Clark Registration District No. 192  
(b) Township Street Home Primary Registration District No. 5267  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Revere mo St. 8  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBANDS OF (OR) WIFE OF Thomas M. Carty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 5 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. House work  
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) Clark Co. Mo

FATHER 13. NAME Ezra G. Shannon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ganesville Ohio

MOTHER 15. MAIDEN NAME Caroline Ensign

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co Mo

17. INFORMANT (ADDRESS) Minnie Christy

18. BURIAL, INTERMENT, OR CREMATION PLACE Nahoka Mo DATE Dec 29 1940

19. FUNERAL DIRECTOR (ADDRESS) G. M. Epperhart

20. FILED Dec 27 1940 J. G. McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1940 to Dec 27 1940  
I first saw him alive on Dec 27 1940 Death is said to have occurred on the date stated above, at 5 P. m.  
The principal cause of death and related-causes of importance were as follows:

Myocardite  
Other contributory causes of importance: hypertension

Name of operation ..... 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) J. G. McConnell M. D.  
Address Revere Mo

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. 10

District 1-41-100

Date Filed JAN 13 1941

STATEMENT BY LICENSED EMBALMER

I, G. M. Epperhart, Licensed Embalmer No. 1802

herby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed G. M. Epperhart

Licensed Embalmer No. 1802

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.)