

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7548  
Registrar's No. 24

Registration District No. 5-38

Primary Registration District No. 5723

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Rural St Michael Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
None  
(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) Years

8. (a) PRINT FULL NAME AGATHA NANCY SHANLEY

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 6, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 2 22 hr. min.

9. Birthplace Madison County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Home

12. Name Henry George Shanley

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

14. Maiden name Lizzie Schaal

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

16. (a) Informant's name and signature Thomas Hill

(b) Address Fredericktown Mo

17. (a) Burial (b) Date thereof March 2, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Michael Fredericktown

18. (a) Signature of funeral director Ed. J. Webb

(b) Address Fredericktown Mo

19. (a) March 1, 1941 (b) S. C. S. Campbell  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison  
(c) City or town Rural  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28  
year 1941 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from  
Feb 26, 1941, to Feb 28, 1941;  
that I last saw her alive on Feb 27, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration Duration 1 day  
Due to Acute Bronchitis 2 wks.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 92 W

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) \_\_\_\_\_  
(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) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_

23. Signature E. W. DeLune (M. D. or other) DO  
Address Fredericktown Mo Date signed 3-1-41

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

Rev. 5-17-39 1 X1931

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.

SEP 30 1941

SEP 7 1941

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Ed. H. Webb

Licensed Embalmer No. 731

P. O. Address Fredricktown Mo

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.