

No. 2  
4-13-40  
-17-39  
I X23159

REC'D MAR 19 1941  
Registration District No. 56

Primary Registration District No. 5751

State File No. \_\_\_\_\_

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Rural Ravanna  
(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  
years, months or days)

In this community 82 Years

3. (a) PRINT FULL NAME John Samuel Shook

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 Married

6. (b) Name of husband or wife Lyda Shook

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. 28 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 11 23 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joe Shook

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

14. Maiden name Elizabeth Smith

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

16. (a) Informant Joe Shook

(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof Feb. 23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Otterbein

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

(b) Address Princeton, Mo.

19. (a) 2/22-41 (b) J. M. Perry  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer

(c) City or town Newtown Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. East of Princeton, Mo.  
(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 2 minute 15 PM

21. I hereby certify that I attended the deceased from Feb 16th  
1941 1941 to Feb 21 1941  
that I last saw him alive on Feb 21st 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
pneumonia

Duration 5 days

Due to pneumonia - cocci infection

Due to original heart disease - mitral regurgitation

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations g. r. p.

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?  
4911 (Specify type of place)

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

23. Signature [Signature] (M. D. or other) 0  
Address Princeton Mo Date signed 2/22/41

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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 *H. Ivan Martin*

Licensed Embalmer No. *3760*

P. O. Address *Princeton, 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, fact should be so stated above.**