No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18812

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 123

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

8
6
3

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: 923 N Morley / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Moberly 6 (If outside city or town limits, write "RURAL")

(d) Street No. 923 N. Morley St. 3 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Albert Oscar Shannon

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sally Shannon

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased October, 7, 1867. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	7	22	hr. min.

9. Birthplace / Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Retired(Car shops)

11. Industry or business

FATHER
12. Name John Shannon
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. O. Shannon

(b) Address 923 N. Morley St. Moberly Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May, 31, 41. (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Missouri.

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly Missouri

19. (a) May 31-41 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th. year 1941 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 1 - 1941, to May 29 1941; that I last saw him alive on May 29 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis —	1 mo
Due to arterial Hypertension	1 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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: no

(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 L E Huber M D O (M. D. or other)

Address Moberly Mo Date signed 7/31/41

(Licensed Embalmer's Statement on Reverse Side)

AUG 4 1941

RECEIVED
District Health Officer No. 10
District File Number 6-41-1082
Date Filed JUN 12 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. H 117

P. O. Address Moberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.