. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19236

Registration District No. 863 Primary Registration District No. 6137 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural Piney Tap

(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 50 yrs

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas

(c) City or town Rural

(If outside city or town limits write "RURAL")

(d) Street No. 8 Miles West Houston

(If rural, give location)

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

3. (a) PRINT FULL NAME FRANK EDWARD SHRYOCK

3. (b) If veteran, name war

3. (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 Nellie Shryock

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

7. Birth date of deceased Oct (Month) 15 (Day) 1873 (Year)

8. AGE: Years 67 Months 4 Days 16 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Wesley Shryock
13. Birthplace (City, town, or county) Ill. (State or foreign country)

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

16. (a) Informant Nellie Shryock

(b) Address Houston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/41 (Month) (Day) (Year)

(c) Place: burial or cremation Nease

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Houston, Mo.

19. (a) 3-2-41 (Date received local registrar) (b) Mabel Shacklett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1941 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from AUG 1940, 19 , to MAR 1, 1941; that I last saw him alive on DEC 2, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Amyotrophic Lateral Sclerosis	
Due to	
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:

(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. M. Dillman (M. D. or other) UHD

Address Houston Mo. Date signed 3-1

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 641 1721
Date Filed

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.