No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37894

State File No. —

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1070

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

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL") 7
(d) Street No. 418 South 8th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Native 0 years.

3. (a) PRINT FULL NAME JOHN W. SHEARON

3. (b) If veteran, name war Yes

3. (c) Social Security No. Non

4. Sex Male

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 August (Month) 22 (Day), 1870 (Year)

8. AGE: 71 Years 71 Months 2 Days 16 If less than one day ~~18~~ hr. ~~455~~ min.

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

10. Usual occupation Carpenter

11. Industry or business Self

FATHER
12. Name Robert Shearon
13. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Martha Shearon
15. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. F. C. Warner
(b) Address Hotel Bessie, Pittsburg Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. (Month) 9 (Day) 1941 (Year)
(c) Place: burial or cremation Moberly Missouri

18. (a) Signature of funeral director Mr. E. R. Sanfaden & Home
(b) Address 602 South 10th Street

19. (a) 11/9/41 (Date received local registrar) (b) H J Matthews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1941 hour 6 minute 45 P M.

21. I hereby certify that I attended the deceased from November 8, 1941, to Nov. 8, 1941, that I last saw him alive on Nov. 8, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	2 da
Due to Hypertensive Heart Disease	
Due to Arteriosclerosis	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations — 107	
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) None
(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 David Edwards (M. D. or other) MD
Address St Joseph Date signed 11-8-41

80

(Licensed Embalmer's Statement on Reverse Side)

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 Mollie E. Siebenfaden

Licensed Embalmer No. 4235

P. O. Address St. Joseph, 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, fact should be so stated above.