

FILED JAN 16 1942

Registration District No. _____

Primary Registration District No. _____

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:
219 North 8th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 35 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME George Webb Showers

3. (b) If veteran, name war World 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 Belva May Showers 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased November 2 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 1 29 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Alfred B. Showers

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

14. Maiden name Elna Genette Webb

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

16. (a) Informant Mrs. Henry Raines

(b) Address 2820 Francis St., St. Joseph, Mo.

17. (a) Removal (b) Date thereof January 2, 42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Severance, Kansas

18. (a) Signature of funeral director Halter Meierhoffer

(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) Jan 2 1942 (b) H. H. Matlush
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 219 North 8th. Street 7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31
year 1941 hour 5 min. 500 P.M.

21. I hereby certify that I attended the deceased called December 31 - 4 P.M.
at Severance, Mo. called on
that I last saw him alive on H. H. Matlush 31 1941
and that death occurred on the same day
Immediate cause of death Cardiac thrombosis Duration Sudden

Due to No Facts with History
Cardiac thrombosis in Veterans
Hospital Washburn, Mo. 1939

Other condition acute Congestive Left Lung
(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? _____

While at work? _____ (Specify type of place) (Means of injury)

23. Signature D. John Showers (M. D. or other) MD
Address 109 1/2 North 8th. St., St. Joseph Date signed 1/1/42

JAN 13 1942

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

Oby Jester

Licensed Embalmer No. 4154 Missouri

P. O. Address St. Joseph, Missouri.

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.