

FILED FEB 20 1942
Registration District No. 477

Primary Registration District No. 200-5646

Registrar's No. 3

6000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Rural Dickson Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)

In this community all his life

3. (a) PRINT FULL NAME Henry Daniel Shires

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Elitha Rains Shires

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

7. Birth date of deceased Sept 30 1852
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 5 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Chas Shires

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

14. Maiden name Maudy Brown

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

16. (a) Informant B. C. Shires

(b) Address Maywood, Mo

17. (a) Buried (b) Date thereof Jan 7-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Over

18. (a) Signature of funeral director Thames Ball

(b) Address Evings, Mo

19. (a) 1942 (b) P. W. Gemming
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

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

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5
year 1942 hour 11 pm minute _____ M.

21. I hereby certify that I attended the deceased from January 4 1942 to January 5 1942
that I last saw him alive on January 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 2 da.

Due to 107

Due to _____

Other conditions Senility and run down
(Include pregnancy within 3 months of death)
condition

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) (e) Means of injury 2

23. Signature Harry J. Bracken (M. D. or other) D.O.
Address LaBelle, Missouri Date signed Jan 7, 1942

RECEIVED

District Health Officer No. 10

District File Number 2-42-295

Date Filed FEB 19 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 Thornel Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.