

FILED MAY 13 1942

Registration District No. 4714

Primary Registration District No. 4211

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Henry Co. Mo.  
(b) City or town Warrensburg Mo. 2  
(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. ....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson  
(c) City or town Warrensburg Mo. 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Lloyd Logan Shadwick

3. (b) If veteran, name war no 3. (c) Social Security No. 499-16-3307

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Laura Celyn Shadwick 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased. Apr 22 1888  
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 1 If less than one day hr. .... min.

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

10. Usual occupation Officer

11. Industry or business Deputy Constable

12. Name Hardy Shadwick

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

14. Maiden name Julia Ann Smith

15. Birthplace Red Hill Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs L.L. Shadwick

(b) Address Warrensburg Mo.

17. (a) Burial (b) Date of removal Apr. 27, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cem.

18. (a) Signature of funeral director Sweeney Phillips  
(b) Address Warrensburg Mo.

19. (a) April 25, 1942 Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1942 hour 10:30 minute P. M.

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

Immediate cause of death Pistol shot in head.

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 164c

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence 4/23/42  
(c) Where did injury occur? Warrensburg Henry Co. Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home.

While at work? no (Specify type of place) (e) Means of injury Pistol shot

23. Signature Dr. R.L. Hallingworth (M.D. or other) Curroney  
Address Clinton Mo. Date signed 4/29/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

20

#10

RECEIVED

District Health Officer No. 7,

District File Number 5-42-457

Date Filed 5-6-42

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

working under my personal supervision.

J. W. Cook

Registered Apprentice No. 303

Signed

R. A. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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, fact should be so stated above.