

S. No. 2
M-9-4-41
Ev. 5-17-39
P-1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27218

State File No.

FILED SEP 8 1942

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

40
1
2

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

1. PLACE OF DEATH: *Grundy*

(a) County *Grundy*

(b) City or town *Trenton*

(c) Name of hospital or institution: *none*

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *Not in Hospital*

In this community *all life*

years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State *MO* (b) County *Grundy 40*

(c) City or town *Trenton*

(d) Street No. *1601 Park*

(e) Citizen of foreign country? *NO*

If yes, name country *0*

3. (a) PRINT FULL NAME *William Shokey*

(b) If veteran, name war *NO*

(c) Social Security No. *None*

4. Sex *MO*

5. Color or race *W*

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

(b) Name of husband or wife *Sophia Shockey*

(c) Age of husband or wife if alive *59* years

7. Birth date of deceased *May 15 1875*

(Month) (Day) (Year)

8. AGE: Years *67* Months *3* Days *18*

If less than one day hr. min.

9. Birthplace *Ill 1*

(City, town, or county) (State or foreign country)

10. Usual occupation *Coastal machinist Park*

11. Industry or business

MOTHER FATHER

12. Name *Clair*

13. Birthplace *Ill 1*

14. Maiden name *Clair Knorr*

15. Birthplace *Ill 9*

(City, town, or county) (State or foreign country)

16. (a) Informant *Mrs Sophia Shockey*

(b) Address *Trenton MO*

17. (a) *Burial* (b) Date thereof *Aug 28 42*

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Masonic Cen Springfield*

18. (a) Signature of funeral director *Gypson Funeral Home*

(b) Address *Trenton MO*

19. (a) *8-28-42* (b) *Nahn Hoffmann*

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Aug* day *26*

year *1942* hour *9* minute *45* a.m.

21. I hereby certify that I attended the deceased from *March* 19*42*, to *Aug 26* 19*42*

that I last saw him alive on *Aug 26* 19*42*

and that death occurred on the date and hour stated above.

Immediate cause of death *apoplexy*

Due to *arterio sclerosis*

Due to

Other conditions *8301*

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration *90.5 hr*

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 *W H Muller MD* (M. D. or other)

Address *Trenton MO* Date signed *8-28-42*

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *C. M. Joanner*.....

Licensed Embalmer No. 3453.....

P. O. Address La Center, 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.