

Filed SEP 9 1942

Registration District No. 288

Primary Registration District No. 4320

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Palmyra

(c) Name of hospital or institution: 1

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

(d) Length of stay: In hospital or institution 22 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Palmyra, Mo

(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 0

3. (a) PRINT FULL NAME Madison H. Shanks

3. (b) If veteran, name war. 3. (c) Social Security No. *****

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

6. (b) Name of husband or wife Hettie Shanks 6. (c) Age of husband or wife if alive 1942 years

7. Birth date of deceased July 9th. 1875 (Month) (Day) (Year)

8. AGE: 67 Years 1 Months 5 Days If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John Sharks

13. Birthplace 9 (State or foreign country)

14. Maiden name Sue Bayne

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

16. (a) Informant Mrs Harvey Disselhors

(b) Address Palmyra, Mo.

17. (a) Burial (b) Date thereof 8/16/1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Palmyra, Mo.

18. (a) Signature of funeral director E. J. Spurgeon (b) Address Palmyra, Mo.

19. (a) 8/16/42 (b) Mrs Margaret Madley (Date received local registrar) (Deputy Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14 year 1942 hour 5:00 minute 00 M.

21. I hereby certify that I attended the deceased from Aug 12 to Aug 13 1942 and that I last saw him alive on Aug 12 and that death occurred on the day and hour stated above.

Immediate cause of death Coronary thrombosis Duration

Due to

Due to 94a

Other conditions (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) (e) Means of injury

23. Signature E. J. Spurgeon (M, D. or other) Address Date signed 8/13/42

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

64
02

64
2
0

1145

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.....

E. J. Spague

Licensed Embalmer No. 3245.

P. O. Address Palmyra, 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.