

Registration District No. 314

Primary Registration District No. 445's

Registrar's No. 22

93  
2  
0

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

1. PLACE OF DEATH:  
 (a) County St. Clair  
 (b) City or town Osceola  
(If outside city or town limits, write "RURAL" and name of township)  
 (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 59 years  
(Specify whether years, months or days)  
 In this community 59 years

2. USUAL RESIDENCE OF DECEASED:  
 Missouri St. Clair 93  
 (a) State (b) County 2  
 (c) City or town Osceola 0  
(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 1

3. (a) PRINT FULL NAME Lee Owen Shrewsbury  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month August day 18  
 year 1942 hour 2 minute 30 A. M.

4. Sex M  
 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mollie Shrewsbury  
 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased: 10- 5- 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-1, 1942 to 8-18, 1942  
 that I last saw him alive on 8-16, 1942  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: chronic myocarditis  
 Duration

8. AGE: Years 82 Months 10 Days 13  
 If less than one day hr. min.

Due to .....  
 Due to .....

9. Birthplace Henry County Missouri 0  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 93d

10. Usual occupation Printer

Major findings: Of operations .....  
 Of autopsy .....

11. Industry or business .....  
 12. Name Samuel Shrewsbury  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Priscilla J. Worth  
 15. Birthplace Virginia 1  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Barnes Shrewsbury  
 (b) Address Cherryvale Kansas  
 17. (a) Buria; (b) Date thereof 8-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Osceola emetery

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? .....

18. (a) Signature of funeral director Osceola Mo. Osceola Funeral Home  
 (b) Address .....  
 19. (a) 9-2-42 (b) Dorothy Seeger  
(Date received local registrar) (Registrar's signature)

While at work? .....  
 (Specify type of place) (c) Means of injury .....  
 23. Signature T.H. Tangler, Jr. (M. D. or other) M.D.  
 Address Osceola, Mo. Date signed 9-25-42

NOV 17 1942

RECEIVED

District Health Officer No. 7,  
District File Number 9-42-959  
Date Filed 9-8-42

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 Chas. Albert Hathaway  
Licensed Embalmer No. 4267  
P.O. Address Osceola, 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.