

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JAN 20 1943

State File No. _____
 Registrar's No. 9

Registration District No. 72 Primary Registration District No. 3007

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

1. PLACE OF DEATH:
 (a) County Butler
 (b) City or town Joplar Bluff Mo.
 (c) Name of hospital or institution: Joplar Bluff Hospital
 (d) Length of stay: In hospital or institution 17 Days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Shannon
 (c) City or town Mountain View Mo.
 (d) Street No. Rural
 (e) Citizen of foreign country? ✓

In this community _____ years, months or days
 3. (a) PRINT FULL NAME Ray R. Shandy
 3. (b) If veteran, name war No. 3. (c) Social Security No. No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1 day 8 year 42 hour 5 minute 4 M.

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 5, 1926

21. I hereby certify that I attended the deceased from 12-20, 1942 to 1-8, 1943
 that I last saw him alive on 1-7, 1943 and that death occurred on the date and hour stated above.
 Immediate cause of death Shunt & docardite

8. AGE:	Years	Months	Days	If less than one day
	<u>16</u>	<u>7</u>	<u>2</u>	hr. _____ min. _____

Due to Rheumatism fever
 Due to _____

9. Birthplace Kansas

Other conditions 58
 (Include pregnancy within 3 months of death)

10. Usual occupation Student

Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name J. E. Shandy

13. Birthplace Kansas
 14. Maiden name Minnie E. Leaker

15. Birthplace Oklahoma

16. (a) Informant J. E. Shandy
 (b) Address Mountain View Mo.

17. (a) Removal (b) Date thereof Jan 8-43
 (c) Place: burial or cremation Mountain View Mo.

18. (a) Signature of funeral director Frank Mott
 (b) Address Joplar Bluff Mo.

19. (a) 1-11-43 (b) Belle Kinne
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) acc
 (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 J. M. Huchinson (M. D. or other) _____
 Address Joplar Bluff Mo. Date signed _____

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

RECEIVED

District Health Office No. 2,

District File Number 143-113

Date Filed 1-18-43

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 Howard W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.