

FILED JAN 20 1948

Registration District No. _____ Primary Registration District No. 4330

67.
20

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

1. PLACE OF DEATH

(a) County Mississippi

(b) City or town East Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 3 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Madison

(c) City or town _____ (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 _____ 2

3. (a) PRINT FULL NAME HUGH ANDERSON SHANDS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1942 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from No Medical Attendance
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

(b) Name of husband or wife Jesse Shands

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Sept 26 1884
(Month) (Day) (Year)

Immediate cause of death Acute Myocarditis

Due to Unknown

Other conditions (Include pregnancy within 3 months of death) 930

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>2</u>	<u>24</u>	hr _____ min _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Mitz Shands

13. Birthplace Franklin M. K.
(City, town, or county) (State or foreign country)

14. Maiden name Bornich Pollock

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

16. (a) Informant Mrs Jesse Shands

(b) Address East Prairie, Mo

17. (a) Burial (b) Date thereof 12/25/42
(Burial, cremation, or removal) (Month) (Year)

(c) Place: burial or cremation Dogwood

Major findings: Of operations _____

Of autopsy _____

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)

23. Signature Jessie Shelly (M. D. or other) Coroner
Address East Prairie Date signed 12/21/42

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1071

RECEIVED

District Health Office No. 2,

District File Number 143-103

Date Filed 1-18-43

APR 4 1952

MAR 24 1952

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

Lewis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prussia, 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.