

No. 2
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13952

FILED MAY 13 1943 51

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 5181

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Old Appleton (Rural)
(c) Name of hospital or institution: Route 1 Apple Ave to 2 mi
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years
In this community _____ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Old Appleton (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Oscar P. Shaner
3. (b) If veteran _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 24
year 1943 hour 7 minute 15 A. M.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Shaner
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Oct. 27, 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 12th
1943, to April 18, 1943
that I last saw him alive on April 18th, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
51 5 28 hr. min.

Immediate cause of death Cerebral Hemorrhage
Due to Cardio-Vascular-Renal Disease

9. Birthplace Cape Girardeau County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other conditions (include pregnancy within 3 months of death) 12/2

11. Industry or business _____
12. Name John Shaner
13. Birthplace Cape Girardeau County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Jane Hines
15. Birthplace Cape Girardeau County, Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Emma M. Shaner (wife)
(b) Address Old Appleton, Route 1
17. (a) Burial (b) Date thereof April 26, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
Old Appleton, Mo.
(c) Place: burial or cremation _____
18. (a) Signature of funeral director F. J. Sparks
(b) Address Cape Girardeau, Mo.
19. (a) _____ (b) _____
(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) _____
(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 J. Albert Lindall (M. D. or other) _____
Address Jackson, Mo. Date signed 4/26/43

1324 (Licensed Embalmer's Statement on Reverse Side)

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

16
0
0

MOTHER FATHER

MAY 18 1943

RECEIVED

District Health Officer No. 4
District File Number 543-22
Date Filed 5-12-43

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.....

Frank Sparks

Licensed Embalmer No. 3453-

P.O. Address Cape Grandeur

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

B.H.
State File No. 13952
Registrar's No. 18

Registration District No. 0-1

Primary Registration District No. 0-181

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Paris
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Cape Girardeau
 (c) City or town old Appleton (Rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. Road - 1
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Oscar P. Shener
 3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April year 1943 hour minute M.

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from 19 ;
 that I last saw him live on 19 ;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral hemorrhage

7. Birth date of deceased Oct 27
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 27 If less than one day min.

Due to Cerebral Vascular - Renal disease
 Due to

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

10. Usual occupation Farmer

11. Industry or business

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy

MOTHER, FATHER { 12. Name John Shener
 13. Birthplace Cape Girardeau Co, Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Jane Berier
 15. Birthplace Cape Girardeau Co, Mo.
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Mrs Emma M S Shener (wife)
 (b) Address Old Appleton, Road - 1
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26-43
(Month) (Day) (Year)
 (c) Place: burial or cremation old Appleton, Mo
 18. (a) Signature of funeral director J. A. Spahr
 (b) Address Cape Girardeau, Mo.
 19. (a) 3-25-43 (Date received local registrar) (b) Henry [unclear] (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury
 23. Signature Albert T. Tidell (M. D. or other) DO
 Address Jackson, Mo. Date signed 4/24/43

SUPPLEMENTARY

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

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

