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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Pickens

State File No. 17903

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 416

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1709 N. Broadway / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39 2

(c) City or town Springfield 6 (If outside city or town limits, write "RURAL")

(d) Street No. 1709 N. Broadway (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Noah D. Shahan

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Ruth Shahan

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

7. Birth date of deceased August (Month) 10 (Day) 1862 (Year)

8. AGE: Years ✓ 80 Months 9 Days 12 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name John Shahan
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Mary Hess
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. M.F. Boyle

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo

19. (a) 5-22-43 (Date received local registrar) (b) Bruce Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1943 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from 12 15 1942 to 5-22 1943 that I last saw him alive on 5-20 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial insufficiency	2 yrs
Due to: Arteriosclerosis	yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93 e 2

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] M.D. or other

Address Springfield Mo Date signed 5-22

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(Licensed Embalmer's Statement on Reverse Side)

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. Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.