

FILED AUG 12 1948

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 104

1. PLACE OF DEATH

(a) County Grundy

(b) City or town TRIFTON

(c) Name of hospital or institution: 1915 Chicago St  
(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 (Specify whether \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

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

(d) Street No. 1915 Chicago  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry David Shively

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 708-10-9032

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife My wife Blanche Shively

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb 8, 1868  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>5</u>	<u>21</u>	— hr. — min.

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

10. Usual occupation Retired - R.R. Conductor

11. Industry or business Railroad - C R & P

12. Name William L. Shively

13. Birthplace Washington Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name May Oaman

15. Birthplace Harrison County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant My wife Blanche Shively

(b) Address Trifton, Missouri

17. (a) burial (b) Date thereof 9-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trifton Cemetery

18. (a) Signature of funeral director Davis 2nd Rev.

(b) Address Trifton, Mo.

19. (a) 9-30-48 (b) L. J. Roberts  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1948 hour 7:45 minute P M.

21. I hereby certify that I attended the deceased from about 19 7 years to 19 48  
that I last saw him alive on July 29, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to Arteriosclerosis

Due to \_\_\_\_\_

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

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) (e) Means of injury \_\_\_\_\_

23. Signature E. A. Duffly (M. D. or other)

Address Trifton, Mo. Date signed July

Duration

Several

just

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1.350

(Licensed Embalmer's Statement on Reverse Side)

20-43

**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.....

*Myself*

working under my personal supervision.

....., Registered Apprentice No.....

Signed

*James A. Harris*

..... Licensed Embalmer No. *3424*

..... P. O. Address *Denton, 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.**