S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25455

Registration District No. 116 Primary Registration District No. 5716 Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County McDonald

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

(c) Name of hospital or institution: 1 None (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 60

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Noel Mo. RH (If rural, give location)

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

If yes, name country — 0

3. (a) PRINT FULL NAME JOHN VAN SHOCKLEY

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Eva Shockley

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March (Month) 17 (Day) 1879 (Year)

8. AGE: Years 64 Months 3 Days 7 If less than one day ___ hr. ___ min.

9. Birthplace Not Known (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Tom Shockley
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Anna Cashart
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Eva Shockley

(b) Address Noel Mo. RH

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 43 (Month) (Day) (Year)

(c) Place: burial or cremation Southwest City Mo

18. (a) Signature of funeral director Wm Morris Pope

(b) Address Wheaton Mo

19. (a) June-28-43 (Date received local registrar) (b) Mrs E M George (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1943 hour 3 minute a M.

21. I hereby certify that I attended the deceased from April 10, 1943 to June 24, 1943 that I last saw him alive on June 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to atherosclerosis	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83a'
Of autopsy

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 S D Fountain (M. D. or other) D.O.

Address Noel Mo Date signed June 28

1309 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 143-858
Date Filed JUL 16 1943

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 Wm Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.