S. No. 2
M—2-43
5-12-39
15M-Kiss

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 23 1949

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29069

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County: Pike

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

(c) Name of hospital or institution: Pike Co Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)

In this community: all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Pike

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

(d) Street No.: Riverview Road (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Orville Shade

3. (b) If veteran, name war: No

3. (c) Social Security No. 489-26-9862

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: May 7 (Month) (Day) 1924 (Year)

8. AGE: Years 19 Months 2 Days 9 If less than one day hr. min.

9. Birthplace: Louisiana (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

MOTHER FATHER

12. Name: George Shade

13. Birthplace: Louisiana (City, town, or county) Mo 0 (State or foreign country)

14. Maiden name: Elvera Griffin

15. Birthplace: Pike County (City, town, or county) Mo (State or foreign country)

16. (a) Informant: George Shade

(b) Address: Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-19-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Riverview Louisiana Mo

18. (a) Signature of funeral director: F O Haley

(b) Address: Louisiana Mo

19. (a) 7-17-43 (Date received local registrar) (b) F O Haley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1943 hour 6 minute 30 p M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Unavoidable Accidental Death

Due to: Skull fracture

account Auto running

Due to: off an embankment

Other conditions (Includes pregnancy within 3 months of death):

Major findings: Of operations: NOC

Of autopsy: NO

Duration

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): accident 182

(b) Date of occurrence: 7-15-43 Pike

(c) Where did injury occur? Near Louisiana Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway (Specify type of place)

While at work? (e) Means of injury: Skull fracture

23. Signature: M. L. Smith 3 Coroner

Address: Louisiana Mo Date signed: 7-17-43

1169 Dept

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-43-1425
Date Filed AUG 19 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 George A. Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George A. Wagner

Licensed Embalmer No. 3172

P. O. Address Louisiana, 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.