

FILED NOV 8 1943
Registration District No. 128

Primary Registration District No. 2000

State File No. _____
Registrar's No. 880

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD MO.
(c) Name of hospital or institution:
1030 CHERRY 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Lawrence
(c) City or town mt Vernon
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24th
year 1943 hour 2 minute 10 P.M.
21. I hereby certify that I attended the deceased from June 1st
1943 to Oct 24 1943;
that I last saw him alive on Oct 24 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death terminal
infected Pneumonia (Terminal)

Due to Cardio-Vascular disease

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d
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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature Joseph D James (M. D. or other) _____
Address Springfield Mo Date signed 10-25-43

3. (a) PRINT FULL NAME THOMAS J. SHOCKLEY
(b) If veteran, name war NONE (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased: 2-1-1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 3 *If less than one day
hr. _____ min. _____

9. Birthplace Mc MIVELLE TENN
(City, town, or county) (State or foreign country)

10. Usual occupation Retired section man

11. Industry or business R.R. work (Foreman)

12. Name David E. Shockley

13. Birthplace unk. S. Car. 1
(City, town, or county) (State or foreign country)

14. Maiden name Phyllis A. Miller
15. Birthplace unk. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. James
(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof Oct 26-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stantland Mo.

18. (a) Signature of funeral director J. W. Kingner
(b) Address SPRINGFIELD MO.

19. (a) 10-25-43 (b) J. W. Kingner
(Date received local registrar) (Registrar's Signature)

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

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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 *Ray C. Bavin*
Licensed Embalmer No. *1763*
P. O. Address *Springfield, 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.

X