S. No. 2
M—2-43
5-17-39

FILED NOV 15 1943

35393

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 245 — Primary Registration District No. 3047 — Registrar's No. 95

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

3
3
2

1. PLACE OF DEATH:

(a) County NEWTON

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

(c) Name of hospital or institution: 221 E. MAIN
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 073

(c) City or town NEOSHO 3
(If outside city or town limits, write "RURAL") 2

(d) Street No. 221 E MAIN
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CASSIUS M. SHARTEL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife CLIFTON SHARTEL

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased APRIL (Month) 27 (Day) 1861 (Year)

8. AGE: Years 82 Months 5 Days 0 If less than one day hr. min.

9. Birthplace MEADVILLE (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation BANKER AND FARM LOANS

11. Industry or business

FATHER
12. Name DAVID E SHARTEL
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Mary Jane Wiley
15. Birthplace (City, town, or county) PENNSYLVANIA (State or foreign country)

16. (a) Informant David E Shartel
(b) Address NEOSHO MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation 1007 CEMETERY

18. (a) Signature of funeral director [signature]
(b) Address NEOSHO MISSOURI

19. (a) 10-12-43 (Date received local registrar) (b) Carey Thompson (Registrar's signature)

1110

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Sept 28, 1943, to Sept 27, 1943 that I last saw him alive on Sept 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Arteries

Due to Arteriosclerosis
Parkinsons disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

87C

Duration: 4 years

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 R C Lawson (M. D. or other)
Address Neosho Mo Date signed 9/28/43

(Licensed Embalmer's Statement on Reverse Side)

MAY 8 1944

RECEIVED 10-25-43

District Health Officer No. .....

District File Number 1073-196

Date Filed 10-26-43

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 .....

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

working under my personal supervision.

Signed J. E. Bushman

Licensed Embalmer No. 2689

P. O. Address Neosho 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.