No. 2
—2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35515

State File No.

FILED NOV 10 1943

Registration District No. 8

Primary Registration District No. 3054

Registrar's No.

2
2
1

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

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: Home 1
(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 Pike 82

(c) City or town Louisiana 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1210 Georgia
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs Virrilla F McCune

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John J McCune

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

7. Birth date of deceased June (Month) 12 (Day) 1849 (Year)

8. AGE: Years 94 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Pike Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Hsmfe

11. Industry or business Home

FATHER
12. Name Williamson Shaw
13. Birthplace (City, town, or county) Va 1 (State or foreign country)

MOTHER
14. Maiden name Martha Shaw
15. Birthplace (City, town, or county) Va 1 (State or foreign country)

16. (a) Informant Mr Hurlie McCune
(b) Address Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3-43 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director F C Haley Jr
(b) Address Louisiana Mo

19. (a) 10/2/43 (Date received local registrar) (b) F C Haley Jr (Registrar's signature) Cty

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1943 hour 8 minute 00 p M.

21. I hereby certify that I attended the deceased from 1930, 19, to 1943, 19;
that I last saw her alive on 10-1-43, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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)

(b) Date of occurrence None

(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 [signature] (M. D. ~~or other~~)

Address Louisiana Mo Date signed 10/2/43

1169

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-43-1784
Date Filed NOV 9 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 O. Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 2772

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.