

V. S. No. 2
FORM-2-43
Rev. 5-17-39
I X35697

43604

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 6 1948

Registration District No. 916

Primary Registration District No. 6073

Registrar's No. 130

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

94
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0

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:
R.E.D. 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 Missouri (b) County St. Francois

(c) City or town Boone Mine
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 1
(If rural, give location)

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

3. (a) PRINT FULL NAME LILLIE MAE SHANNON

3. (b) If veteran, name war V

3. (c) Social Security No. V

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3rd
year 1948 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from at various times
fall 1939, to Sept 21 1948
that I last saw her alive on Sept 21 1948
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Thomas Jeffery Shannon

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased: Oct. 22 1878
(Month) (Day) (Year)

Immediate cause of death: respiratory hemorrhage

Duration: several days

Due to: heart & hyper-tension

Other conditions: g3a!
(Include pregnancy within 3 months of death)

8. AGE: Years 65 Months 1 Days 11
If less than one day: hr. min.

9. Birthplace: Ste. Genevieve Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name: Joseph Edwards

13. Birthplace: Unknown

14. Maiden name: Ann Harris

15. Birthplace: Ste Genevieve Co. Missouri

16. (a) Informant: Carroll Shannon

(b) Address: Boone Mine Mo. R. 1

17. (a) Rural (b) Date thereof: 12-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: B. J. Cemetery

18. (a) Signature of funeral director: Benjamin P. ... Co

(b) Address: 315 Benton Boone Mine

19. (a) Dec. 13, 1948 (b) Burdie Bukmester
(Date received local registrar) (Registrar's signature)

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)

(a) Means of injury _____

23. Signature: B. J. ... (M.D. or other) Dr.

Address: Boone Mine Mo. Date signed: 12/13/48

RECEIVED

District Health Officer No. 4
District File Number 144-3118
Date Filed 1-5-47

SEP 25 1944

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonnet Street Ma

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.