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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9, 1944

Registration District No. 294

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4062

Primary Registration District No. 3056

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Randolph

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

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

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

In this community

2. USUAL RESIDENCE OF DEACESED: 21

(a) State Missouri (b) County Chariton 0

(c) City or town Salisbury 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME George Edward Shawk

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Shawk

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased November (Month) 24 (Day) 1858 (Year)

8. AGE: Years 85 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Bucyrus (City, town, or county) Ohio (State or foreign country)

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER

12. Name Jennings Shawk

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Sarah Layman

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. Jesse Shawk

(b) Address College Mound, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/30/1944 (Month) (Day) (Year)

(c) Place: burial or cremation Old Prarie Hill

18. (a) Signature of funeral director Tom B Pelton

(b) Address Huntsville Mo

19. (a) 1-31-44 (Date received local registrar) (b) Verna Rave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 28 day year 1944 hour 8 minute 50 a M.

21. I hereby certify that I attended the deceased from Jan 20 1944, to Jan. 28 1944; that I last saw him alive on Jan. 28 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture neck left femur — Duration 8 days

Due to accidently fell to ground while walking on his yard

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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) accident 021

(b) Date of occurrence Jan. 20, 1944

(c) Where did injury occur? Route 2 Salisbury Mo (City or town) (County) (State)

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

While at work? no (e) Means of injury Fell to ground

23. Signature R. D. Streeter (M. D. or other) M. D.

Address Moberly, Mo Date signed Jan. 31/44

1056

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-44-423
Date Filed FEB 8 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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville 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.