

Registration District No. 57

Primary Registration District No. 5238
7079

19
0
0

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

1. PLACE OF DEATH:

(a) County. Cass
(b) City or town. Pleasant Hill, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Northeast Pleasant Hill, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 85 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Pleasant Hill
(If outside city or town limits, write "RURAL")
(d) Street No. Northeast Pleasant Hill, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME HENRY EALY DeSHAZER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Lucy DeShazer 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 9, 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 2 If less than one day
hr. min.

9. Birthplace Elm Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business same

MOTHER FATHER { 12. Name William DeShazer
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Sallie Welch
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Evelyn DeShazer
(b) Address Pleasant Hill, Missouri.

17. (a) Burial (b) Date thereof August 13, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elm, Missouri.

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.

19. (a) Aug. 14, 1944 (b) Margaret Tolle
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1944 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from Dec 1944 to Aug 10, 1944
that I last saw him alive on August 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Adams-Stokes Syndrome
Due to Senile Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97
Of autopsy

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 J. P. ... (M. D. or other)
Address Pleasant Hill, Mo. Date signed Aug 14, 1944

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *M L Canaday*
Licensed Embalmer No. *3434*
P. O. Address. *Holden, 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.