

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 25 1945
128

Registration District No.

Primary Registration District No. **2000**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **SPRINGFIELD**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
210 E. PARK
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Willie Catherine Shannon**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **A. F. SHANNON** 6. (c) Age of husband or wife if alive **Dec. 1869**

7. Birth date of deceased **July 28, 1869**
(Month) (Day) (Year)

8. AGE: Years **75** Months **5** Days **10** If less than one day
hr. min.

9. Birthplace **UNK. Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **at home**

12. Name **W. S. Jenkins**

13. Birthplace **UNK. Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Hopkins**

15. Birthplace **UNK. Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C. D. Howard**

(b) Address **Spfld, Mo.**

17. (a) **Burial** (b) Date thereof **1-10-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park Cem.**

18. (a) Signature of funeral director **J. W. Kingner Co.**

(b) Address **Springfield, Mo.**

19. (a) **1-9-45** (b) **W. S. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene 39**
(c) City or town **Springfield 2**
(If outside city or town limits, write "RURAL") **6**
(d) Street No. **201 E. Park**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **8**
year **1945** hour **12** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **11-20-39**, 19... to **1-7-45**, 19...
that I last saw h... alive on **1-7-45**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: **Degenerative Heart Disease** **1 month**
Paralysis Agitans **3 yrs.**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

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 injury) (e) Means of injury **0**

23. Signature **[Signature]** (M. D. or other).....

Address **Springfield, Mo.** Date signed **1-9-45**

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

9
2
6

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

787

4

FEB 1 1945

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..... *Ogle Stone Jr.*
Licensed Embalmer No. *4126*
P. O. Address..... *Springfield, 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.

X