

V. S. No. 2  
DOM-8-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5772

FILED MAR 5 1945

Registration District No.

Primary Registration District No. 3009

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: 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)

3. (a) PRINT FULL NAME Roena Elizabeth Shaney

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

7. Birth date of deceased: Oct. 24 1873  
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Perry County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation W.C.T.U. Organizer & Lecturer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George M Shaney

13. Birthplace Perry County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Roena E McCombs

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

16. (a) Informant Mrs William Hendricks

(b) Address Jackson Mo.

17. (a) Burial (b) Date thereof 7/28/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director McCombs Funeral Home

(b) Address Jackson Mo.

19. (a) 7-28-1945 (b) J.H.G. Rusk  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Jackson Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 16  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26  
year 1945 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Sept 1944 to Feb 26 1945  
that I last saw him alive on Feb 26 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 93%

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:

(c) 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) (c) Means of injury \_\_\_\_\_

23. Signature J.P.R. Redding (M. D. on oath)

Address Jackson Mo. Date signed 2-27-45

(Licensed Embalmer's Statement on Reverse Side)

1116

RECEIVED

District Health Officer No. 4

District File Number 345-306

Date Filed 3-6-45

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 Thos. C. Allen

Licensed Embalmer No. 40505

P. O. Address: Jackson

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.