6. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13704

Registration District No. 157 | Primary Registration District No. 3028 | Registrar's No. 81

49

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1029 W. BUDLONG (If not in hospital or institution, write street number or location)

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

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1029 W. Budlong (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM ADDISON SHANK

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 Nora Florence Orr

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased October (Month) 23, (Day) 1881 (Year)

8. AGE: Years 64 | Months 5 | Days 14 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Carpenter & Painter

11. Industry or business .....

FATHER

12. Name Daniel Shank

13. Birthplace X (City, town, or county) Penn. (State or foreign country)

MOTHER

14. Maiden name Catherine Grose

15. Birthplace Wayne County, (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. W. A. Shank

(b) Address 1029 W. Budlong, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-45 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) April 7 '45 (Date received local registrar) (b) Elizabeth Coupton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6, year 1945 hour 11:35 minute A. M.

21. I hereby certify that I attended the deceased from March 15, 1945, to April 6, 1945, that I last saw her alive on 4-6-45, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis — Duration

Due to .....

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) .....

(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? (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [illegible] (M. D. ~~or other~~)

Address [illegible] MO, Date signed 4-7-45

1203 (Licensed Embalmer's Statement on Reverse Side)

45-4-386

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 Edlie Elmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.