

FILED JUN 11 1945

Registration District No. 137

Primary Registration District No. 3028

Registrar's No. 105

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 Stone Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 60 years
years, months or days)

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. 1054 James St.
(If rural, give location)
(e) Citizen of foreign country? No
(Yes or No)
If yes, name country - - -

3. (a) PRINT FULL NAME George Shenefelt

3. (b) If veteran, name war No
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 Cora Bell Shenefelt
6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February 20 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 27
If less than one day hr. min.

9. Birthplace Ft. Scott Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

12. Name Isaac Shenefelt

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

14. Maiden name Catherine Collinger

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

16. (a) Informant Mrs. Cora Bell Shenefelt

(b) Address 1054 James, Carthage, Mo.

17. (a) Burial (b) Date thereof May 20, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) May 18 '45 (b) Elizabeth Complin
(Date received local registrar) (Registrar's signature)

1203

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1945 hour 0 minute 50 P.M.

21. I hereby certify that I attended the deceased from May 12 to May 17, 1945
that I last saw him alive on May 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver
Due to Dieting in dieting

Due to

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations 1248
Of autopsy

Duration

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Albert B. Wheeler (M. D. or other)
Address Carthage, Mo. Date signed 5/18/45

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

MOTHER FATHER

45-5-469

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..... *Emm R. Dineen*
Licensed Embalmer No. *391*
P. O. Address..... *Carrington*

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.