S. No. 2
DM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20455

FILED SEP 21 1945

Registration District No. 7 Primary Registration District No. 5401 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Drury Rural Champion

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

(c) Name of hospital or institution: /

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Drury Rural 0

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

(d) Street No. 0

(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph T. Shannon

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Phoebe Shannon

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 7, 1878 (Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Harrisonville, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business ✓

MOTHER FATHER

12. Name Henry Shannon

13. Birthplace ✓ Unknown ✓ 9 (City, town, or county) (State or foreign country)

14. Maiden name Sallie Sanders

15. Birthplace Cass County, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Phoebe Shannon

(b) Address Drury, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-45 (Month) (Day) (Year)

(c) Place: burial or cremation Vanzant

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

(b) Address Ava, Missouri

19. (a) Aug-29-45 (Date received local registrar) (b) Lulu L Sperlock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1945 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from / 19..., to 19...; that I last saw h... alive on 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Committing suicide by own knife, cutting hole in Trachea or Wind-pipe

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) Suicide

(b) Date of occurrence August 10, 1945

(c) Where did injury occur? Drury (City or town) Douglas (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place) Cornerib

While at work? No (e) Means of injury Pocketknife

23. Signature C. V. Clinkingbeard Coroner (M.D. or other)

Address Ava, Missouri Date signed 8-11-45

10 5 6

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 945-954
Date Filed SEP 19 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 W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Ora 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.