

No. 2  
5-42  
17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33305

FILED NOV 3 6 1945

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3001

Registrar's No. 286

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: 307 South Wilson  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 3 Months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler <sup>12</sup>

(c) City or town Poplar Bluff <sup>4</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 307 S. Wilson <sup>3</sup>  
(If rural, give location) <sup>0</sup>

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

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

3. (a) PRINT FULL NAME Charles Garfield Shane

3. (b) If veteran, name war No

3. (c) Social Security No. 432/26/8392

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th  
year 1945 hour 9 minute 15 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Sarah Anderson

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 30 1879  
(Month) (Day) (Year)

I hereby certify that I attended the deceased from Oct 10 to Oct 10 1945  
that I last saw him alive on Oct 10 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

66	2	10	hr. min.
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Immediate cause of death: Acute Cardiac Failure  
Coronary Disease

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

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

Duration 1 da  
6 mo

9. Birthplace Beaver County Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Industry

12. Name John H. Shane

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

14. Maiden name Sarah Rose

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

16. (a) Informant Sarah Anderson

(b) Address Poplar Bluff Missouri

17. (a) Burial (b) Date thereof 10/13/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Frank Cotrell Chapel

(b) Address Poplar Bluff, Missouri

19. (a) 10/22/45 (b) R.H. McIntire  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Auto

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 plant) (e) Means of injury \_\_\_\_\_

23. Signature R.H. McIntire (M. D. or \_\_\_\_\_)

Address Poplar Bluff, Mo Date signed 10/22/45

1422 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 1045-31

Date Filed 10-31-2

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

*Raymond F. Hermann*  
Licensed Embalmer No. 4266

P. O. Address

*Poplar Bluff, 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.