

No. 2
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5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33802

State File No.

FILED NOV 13 1945
128

Registrar's No. 857

Registration District No. Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 2 1/2 hr.
(Specify whether

In this community 2 1/2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

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

(d) Street No. R. F. D. #1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John Lewis Shade

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
year 1945 hour one minute 36 P.M.

4. Sex Male 5. Color or race WHITE

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased: July (Month) 22 (Day) 1932 (Year)

21. I hereby certify that I attended the deceased from Oct. 23 1945 to Oct. 23 1945
that I last saw him live on Oct. 23 1945
and that death occurred on the date and hour stated above.

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

13 3 1 hr. min.

Immediate cause of death: traumatic intracranial injury Duration 1 day

Due to crushed skull from auto accident

9. Birthplace Fair Grove Mo. (City, town, or county) (State or foreign country)

10. Usual occupation student at home

11. Industry or business _____

Due to Collision - (Automobile + Bicycle)

Other conditions Bicycle
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Jackson Shade

13. Birthplace Fair Grove Mo. (City, town, or county) (State or foreign country)

14. Maiden name Corra Yardell

15. Birthplace Fair Grove Mo. (City, town, or county) (State or foreign country)

Major findings: g

Of operations _____

Of autopsy 190"

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Mrs. Jackson Shade

(b) Address Fair Grove Mo. R#1

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 10-27-45
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem. J. W. Klingner & Co.

18. (a) Signature of funeral director _____

(b) Address Springfield Mo.

19. (a) 10-25-45 (b) J. W. Handley
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Oct. 23, 1945

(c) Where did injury occur? Greene Co. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Parrots mkt road 2 mi from Dangran
(Specify type of place)

While at work? no (e) Means of injury Automobile

23. Signature Arthur D. Knuth (M. D. or other) MD

Address 410 1/2 E. Comely Date signed 10-25-45

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

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..... *Ogle Stone Jr.*.....
Licensed Embalmer No..... *4126*.....
P. O. Address..... *Springfield*.....

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.

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