

FILED NOV 13 1945

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 869

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

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution 933 Hamilton St.  
(d) Length of stay: In hospital or institution 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(d) Street No. 933 Hamilton St.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME DAVID THOMAS SHANNON

3. (b) If veteran, name war None 3. (c) Social Security No. UNK.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma Jane Shannon 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased Aug. 22, 1877

8. AGE: Years 68 Months 2 Days 4

9. Birthplace Unknown S. Carolina

10. Usual occupation Furniture Maker

11. Industry or business Kings Factory

MOTHER FATHER { 12. Name George Shannon  
13. Birthplace Unknown Unknown  
14. Maiden name Martha Ann Barnes  
15. Birthplace Unknown Unknown  
16. (a) Informant Mrs. Emma Jane Shannon

(b) Address 933 Hamilton, Springfield, Mo.

17. (a) Burial (b) Date thereof Oct. 20, 1945

(c) Place: burial or cremation Greenlawn Fred C. Thieme

18. (a) Signature of funeral director Springfield, Mo.

19. (a) 10-27-45 B. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th year 1945 hour 10:50 minute AM.

21. I hereby certify that I attended the deceased from 10/13/1945 to 10-26-1945 that I last saw him alive on 10-25-1945 and that death occurred on the date and hour stated above.

Immediate cause of death Decompenrating heart C Chronic Myo Carditis

Other conditions Arteriosclerosis

Major findings: 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?  
(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 C. E. Felley (M. D. or other) Address Springfield, Mo. Date signed 10/22/45

**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.....

**Fred C. Thieme**

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Fred C. Thieme*

Licensed Embalmer No. **2899**

P.O. Address **Springfield, 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.**

X