

FILED APR 9 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Ironton
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME William Henry Shy

3. (b) If veteran, name war no 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased December 24 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>2</u>	<u>27</u>	br. min.

9. Birthplace Reynolds County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer (retired)

11. Industry or business.

12. Name Thomas B. Shy

13. Birthplace Reynolds County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margarette Carty

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

16. (a) Informant Mrs. W.A. Rayfield

(b) Address Ironton Missouri

17. (a) burial (b) Date thereof 3-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) 3-24-46 (b) Mrs. Ann Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 21
year 46 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-8
1946 to 3-21 1946
that I last saw him alive on 3-21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Arterio Sclerosis

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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

23. Signature [Signature] (M. D. or other) MD
Address Ironton Mo. Date signed 3-27-46

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Death Officer no. 4
Subject File Number 446-1921
Date Filed 4-8-46

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 Amel White

Licensed Embalmer No. 2012

P. O. Address Houston Tex.

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.