

**FILED** MAY 9 1946

Registration District No. 131

Primary Registration District No. 4000 5469

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Brundy  
(b) City or town Rural Franklin Township  
(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 71-9-17 years, months or days

3. (a) PRINT FULL NAME Edward Lee Shira  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nora Shira 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased June 14 1874 (Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 17 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Brundy Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name E. M. Shira  
13. Birthplace Ohio (City, town, or county) (State or foreign country)  
14. Maiden name Samira Spear  
15. Birthplace Brundy Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Forest Shira  
(b) Address Spearcard Mo.

17. (a) Burial (b) Date thereof April 2-1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spearcard Brundy Co Mo.

18. (a) Signature of funeral director Spearcard Funeral Home  
(b) Address Spearcard Mo.

19. (a) April 2, 46 (b) Mrs. Nathan Cooper (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Brundy  
(c) City or town Rural Franklin Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 21 1946 to March 31 1946 that I last saw him alive on March 31 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Disease 2 hrs

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

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

Major findings: Of operations 950  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature E. W. Ewing (M. D. or other) M.D.  
Address Spearcard Mo. Date signed 4-1-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11824

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**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 *Bob Hise*  
Licensed Embalmer No. 3971  
P. O. Address *Spickard 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.**