No. 2
4—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14142

Registration District No. 291 Primary Registration District No. 5998 Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Putnam
(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lawrenceville Mo Rural Route 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Putnam 86
(c) City or town: Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. Lawrenceville, Mo (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: George Albert Shibley
3. (b) If veteran, name war: No
3. (c) Social Security No. No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Alice
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Feb. (Month) 23 (Day) 1858 (Year)
8. AGE: Years 88 Months 0 Days 10 If less than one day ____ hr. ____ min.
9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Retired farmer
11. Industry or business: ✓
MOTHER FATHER
12. Name: George S. Shibley
13. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
14. Maiden name: Malissa Onstott
15. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Agnes L. Cooley
(b) Address: Lawrenceville Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: March 7 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Martinstown Cem.
18. (a) Signature of funeral director: Husted & Son
(b) Address: Unionville, Mo.
19. (a) 3-24-46 (Date received local registrar) (b) Marvell Dunbar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1946 hour 300 minute P. M.
21. I hereby certify that I attended the deceased from Jan 1 1944 to March 5 1946 that I last saw him alive on March 3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic glomerulo nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

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: L. W. McDonald (M. D. or other) DO
Address: Unionville, Mo. Date signed 3-6-46

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-46-871
Date Filed APR 22 1946

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 Murl E Hustel

Licensed Embalmer No. 3304

P. O. Address Unionville, 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.