

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Miss. Herbert Cabot

613 N. ...
FILED DEC 24 1946

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39891
Do not use this space.

1. PLACE OF DEATH

(a) County CARROLL Registration District No. 55
 (b) Township CARROLLTON Primary Registration District No. 3011
 (c) City CARROLLTON (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

GERYRUDE MAY SHAHAN
 (a) Residence, No. HURDLAND - MO - St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HUGH MILLER SHAHAN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 15 1874
 7. AGE YEARS 72 MONTHS 3 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) HURDLAND (STATE OR COUNTRY) MO.

FATHER 13. NAME THEODORE NEWTON 14. BIRTHPLACE (CITY OR TOWN) MUNCK (STATE OR COUNTRY) ILLINOIS

MOTHER 15. MAIDEN NAME AMELIA HANER 16. BIRTHPLACE (CITY OR TOWN) SCRUPLE (STATE OR COUNTRY) NEW YORK

17. INFORMANT Mrs. Estie Humston (ADDRESS) 903 E. BENTON - Carrolton, Mo.

18. BURIAL, CREMATION, OR REMOVAL BURIAL PLACE I.O.O.F. DATE 12 - 3 1946

19. FUNERAL DIRECTOR Geo. B. Casley Jr (ADDRESS) Hurdland, Mo.

20. FILED 12/2/46 19 Mrs. Herbert Cabot Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1946

22. I HEREBY CERTIFY, That I attended deceased from Nov 1945, to Dec 1 1946
 I last saw him alive on Dec 1 1946 Death is said to have occurred on the date stated above, at 3:55 p.m.
 The principal cause of death and related causes of importance were as follows:

Parkinson's Disease Date of onset 1943
 Other contributory causes of importance: Semiplegia
 Name of operation None Date of _____
 What test confirmed diagnosis: Examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury X, 19X
 Where did injury occur? no injury (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury LY
 Nature of injury LY

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify R. J. Cook M. D.
 (Signed) R. J. Cook (Address) Carrollton Mo
12/2/46

38705

RECEIVED

District Health Officer No. 51

District File Number

Date Filed 12-21-46

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Geo. B. Eastley Jr.*

Licensed Embalmer No... *3755*

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.)