S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40085

FILED JAN 14 1947

Registration District No. 78

Primary Registration District No. 5366

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Rural Marion Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Marion Twp /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess 31

(c) City or town Rural 1
(If outside city or town limits, write "RURAL")

(d) Street No. Marion Twp 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME George B. Shriver

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M 6

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Carrie Bell Shriver

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

7. Birth date of deceased July (Month) 7 (Day) 1869 (Year)

8. AGE: Years 77 Months 4 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Daviess Co (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Nova Z Shriver 0
13. Birthplace not known. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa J. Mullinix
15. Birthplace not known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Shriver
(b) Address Pattonsburg, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 19, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Civilbend C, Cemetary

18. (a) Signature of funeral director G. S. Gromer
(b) Address Pattonsburg, Mo

19. (a) 12-3-46 (Date received local registrar) (b) Virginia M Engelhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 year 1946 hour 3:10 minute P. M.

21. I hereby certify that I attended the deceased from January third, 1945, to Nov. 16, 1946 that I last saw him alive on Nov. 16, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death general cerebral schlerosis from hypertension arthroma degeneration of blood vessels resulting in cerebral hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 John [illegible] M.D. (M. D. or other)

Address Pattonsburg Mo Date signed Nov 18 46

(Licensed Embalmer's Statement on Reverse Side)

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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 G S Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.