

S. No. 2
DM-8-43
v. 5-17-39
X37023

5485

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 20 1947

Registration District No. 209

Primary Registration District No. 4320

Registrar's No. 1

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Palmyra
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Suter Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Palmyra
(If outside city or town limits, write "RURAL")
(d) Street No. Suter Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry L. Shade Sr.

MEDICAL CERTIFICATION

3. (b) If veteran, name war No. 3. (c) Social Security No. 494-22-5447

20. DATE OF DEATH: Month January day 2
year 1947 hour 8 minute 0 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

21. I hereby certify that I attended the deceased from 2 Oct 1946 to 1-2 1947
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Annie Shade 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 5 1876
(Month) (Day) (Year)

Immediate cause of death Cerebral Arterio sclerosis 3m

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>27</u>	hr. _____ min. _____

Due to arterio sclerosis

9. Birthplace Adams County, Illinois
(City, town, or county) (State or foreign country)

Due to Senility

10. Usual occupation Farmer, retired

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

11. Industry or business _____

12. Name John Shade

Major findings: Of operations 97

13. Birthplace Germany
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name NO RECORD

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Henry Shade, Jr.

(a) Accident, suicide, or homicide (specify) _____

(b) Address Palmyra, Mo.

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 1/5/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)

(c) Place: burial or cremation Little Union Cemetery Fabius Township

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Wm. B. ...
(b) Address Palmyra, Mo.

While at work? _____ (Specify type of place) (c) Means of injury 0

19. (a) 1-6-47 (b) Trista Green Deputy
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 1-5-47

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

4
2
0

64
2
0
0

187

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Geoff Lewis*

Licensed Embalmer No. *2382*

P. O. Address *Palmyra 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.