

No. 2
2-45
7-39
X47070

FILED JUN 30 1947

Registration District No. 7

Primary Registration District No. 5313

Registrar's No. 8

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

1. PLACE OF DEATH:
 (a) County Cooper
 (b) City or town Rural, Clarks Fork Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: At home
(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 All of life. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Jennie Johnston Shannon,
 3. (b) If veteran, name war 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Eliza Shannon. 6. (c) Age of husband or wife if alive 1861 years
 7. Birth date of deceased March 20 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.
At home

11. Industry or business Washington A Johnston.

12. Name Cooper County, Mo.

13. Birthplace Cooper County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Hunt
(City, town, or county) (State or foreign country)

15. Birthplace Cooper County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vivian Mills.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof June 24th 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Boller.
 (b) Address Boonville, Mo.

19. (a) 6-24-47 (b) S. O. R. Winters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cooper 27
 (c) City or town Boonville 0
(If outside city or town limits, write "RURAL")
 (d) Street No. R. F. D. #1 6
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd
 year 1947 hour 4 minute 30 P.M.
 21. I hereby certify that I attended the deceased from June 1
1947 to June 22 1947
 that I last saw her alive on June 18 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Disease of Heart
 Due to _____
 Due to _____

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

Major findings: _____
 Of operations _____
 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? 0
(Specify type of place) (e) Means of injury _____

23. Signature A. R. Winters (M. D. or _____)
 Address Boonville, Mo. Date signed 6/24/47

Duration 3
 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

William W Wood

Registered Apprentice No. *480*

working under my personal supervision.

Signed *J. H. Goodman*

Licensed Embalmer No. *1178*

P. O. Address *Brownville, 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.