

Registration District No. 254

Primary Registration District No. 4386

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Shayne 1  
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Shade Bernice Pease

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

7. (b) Name of husband or wife A.W. Pease

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

7. Birth date of deceased March 7, 1873  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>11</u>	<u>24</u>	<u>hr. min.</u>

9. Birthplace Fulton County, Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name James Henry

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

14. Maiden name Elvora Nettles

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

16. (a) Informant John Stroud

(b) Address Shayne, Mo.

17. (a) Burial (b) Date thereof 3-2-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shayne Cemetery

18. (a) Signature of funeral director John Stroud

(b) Address Salento, Ark.

19. (a) 9-15-47 (b) Edith Cross  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 1  
year 1947 hour 10:17 PM M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to March 1 1947  
that I last saw him alive on Feb 26 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia  
Myocarditis

Due to Senility

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature Edith Cross (M. D. or other) MD

Address Shayne, Mo. Date signed 9-12-47

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

75  
1  
0

**RECEIVED**

District No. 19th St. B,

District

1847558

Date Filed

10-9-47

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**