S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42478

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 113

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sale Memorial Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Goodman R.F.D. #2
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Hector Arthur Shriver
3. (b) If veteran, name war None
3. (c) Social Security No. 506-03-6976
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Beatrice M. Shriver
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased June (Month) 5 (Day) ~~1887~~ 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
	59 60	6	6	hr. min.

9. Birthplace Van Buren County (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Dairy Farm
12. Name William Scott Shriver
13. Birthplace (City, town, or county) Iowa 1 (State or foreign country)
14. Maiden name Lucinda Davis
15. Birthplace (City, town, or county) Iowa 1 (State or foreign country)
16. (a) Informant Beatrice M. Shriver
(b) Address Goodman Mo. R#2
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-11-1947 (Month) (Day) (Year)
(c) Place: burial or cremation North Platte Nebr.
18. (a) Signature of funeral director Corley Thompson
(b) Address Neosho Mo.
19. (a) Dec. 11, 1947 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MOTHER FATHER

Corr. by Dep. 12-2-47 Stats

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1947 hour 12:50 minute a M.
21. I hereby certify that I attended the deceased from Nov 25, 1947, to Dec 10, 1947; that I last saw him alive on Dec 10, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	6 wks
Due to Hypertension Arterio Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

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 O
23. Signature Harold Chentz (M. D. or other) M.D.
Address Neosho Mo. Date signed Dec 11, 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Newton
District File Number 1247-230
Date Filed 12-16-47

DEC 29 19

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 Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Newton

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22 day of December, 1947, before me appears Corley Thompson, who, upon his oath, states that the original record of ~~birth~~ death for Hector A. Shriver ~~born~~ died December 11, 1947, in the State of Missouri, and which was filed at Neosho Missouri on Dec. 11, 1947, should be corrected as follows:

Item No. 7 should read June 5, 1888
Instead of June 5, 1887

Item No. 8 should read 59 yrs. 6 Mo. 6 Days
Instead of 60 years. 6 Months 6 Days

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Corley Thompson Funeral Director
Relationship.

Neosho Mo.
Present Address.

Subscribed and sworn to before me this 22 day of December, 1947.

My Commission expires March 14, 1948 Nell Thompson Notary Public.

Form V. S. 135
50M—8-43
I X37817

42478