

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4298**

Registration District No. **22**

Primary Registration District No. **3011**

Registrar's No. **16**

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

1. PLACE OF DEATH:
 (a) County Carroll
 (b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Clinic 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community year
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Carroll 17
 (c) City or town Hale 0
(If outside city or town limits, write "RURAL") 0
 (d) Street No. _____
(If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN SHEARER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 16
 year 1948 hour 2 minute 22 A.M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lovie Wally
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 7 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 1 1948 to Feb. 16 1948
 that I last saw him alive on Feb. 16 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 4 Days 9
 If less than one day hr. _____ min. _____

Immediate cause of death Natural Insufficiency
 Duration 6 Mo

9. Birthplace Hadensack New Jersey
(City, town, or county) (State or foreign country)
 10. Usual occupation retired farmer
 11. Industry or business _____

Due to Infirmitie of Age
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

MOTHER, FATHER
 { 12. Name John Shearer
 { 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 { 14. Maiden name Eliza Henderson
 { 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy 92B
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. John Shearer
 (b) Address Hale Missouri
 17. (a) Burial (b) Date thereof 2/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hale Cemetery
 18. (a) Signature of funeral director Brook E. Slater
Hale Mo
 (b) Address _____
 19. (a) 2/18/48 (b) Mrs. Verber Cole
(Date received local registrar) (Registrar's signature)

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 B. Hamilton Slater M.D. or D.P.H.
 Address Carrollton Mo Date signed Feb 19 1948

RECEIVED

District Health Officer No. R

District File Number

Date Filed 3-5-48

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

Francis E. Slater

Licensed Embalmer No. 937

P. O. Address Wale 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.