

FILED JUL 30 1948
Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 199

1. PLACE OF DEATH:

(a) County: Randolph

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

(c) Name of hospital or institution: 923 N. Marley
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none
(Specify whether years, months or days)

In this community: 32 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Randolph

(c) City or town: Moberly
(If outside city or town limits, write "RURAL")

(d) Street No.: 923 N. Marley
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: SARAH ELLEN SHANNON

3. (b) If veteran name war: none

3. (c) Social Security No.: none

4. Sex: Female 5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: A. O. Shannon

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

7. Birth date of deceased: October - 19 - 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>8</u>	<u>28</u>	hr. min.

9. Birthplace: Jacksonville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Howell Dowling

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

14. Maiden name: Caroline Blosser

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

16. (a) Informant: Mrs. Willie Cobb

(b) Address: 408 E. Rollins Moberly Mo.

17. (a) Burial (b) Date thereof: July - 19 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Moberly Missouri

18. (a) Signature of funeral director: Funeral Home

(b) Address: Moberly Missouri

19. (a) July 19 48 (b) Heath W. Lowery
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 13/48 19... to July 17/48 19...
that I last saw her alive on July 17/48 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage - arterial hypertension

Due to: arterial hypertension

Due to:

Other conditions: suppuration
(Include pregnancy within 3 months of death)

Major findings: 936

Of operations:

Of autopsy:

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

(a) Accident, suicide, or homicide (specify): no

(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? no (Specify place of injury)

23. Signature: Dr. L. E. Hoke (M. D. or other)

Address: Moberly Mo Date signed: 7/18/48

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer

District File Number 7-48-1

JUL 28 1948

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, C. L. Hutton of by _____

Registered Apprentice No. 10

working under my personal supervision.

Signed _____

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 294 Primary Registration District No. 3056

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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) (Specify whether

3. (a) PRINT FULL NAME Sarah e. Shanno
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased oct 19 (Month) (Day) (Year)

8. AGE: Years 80 Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) (State or foreign country) mo

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____

19. (a) July 19-48 (Date received local registrar) (b) Leah Williams Lewis (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____, Day _____, Year 1948 (hour) _____ (minute) _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him/her alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____
Due to _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

MOTHER FATHER

B
5
1880

RECORD

5-23909