

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 7 1948

FEDERAL BUREAU OF INVESTIGATION
STANDARD CERTIFICATE OF DEATH

25862

Registration District No. 98 Primary Registration District No. 4165 State File No. _____ Registrar's No. 73

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Gallatin
(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 Several Years years, months or days)

3: (a) PRINT FULL NAME Lee Orval Shriver
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Berta Shriver 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased March 25 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 5 1 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business General Farming

12. Name Nova Shriver

13. Birthplace Unknown

14. Maiden name Louisa Jane Malineaux

15. Birthplace Unknown

16. (a) Informant Mrs. L. O. Shriver

(b) Address Gallatin, Missouri

17. (a) Burial (b) Date thereof 8-29-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Civil Bend Missouri

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

(b) Address Gallatin, Missouri

19. (a) 31 Aug 1948 (b) Regina M Engelhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess 31
(c) City or town Gallatin
(If outside city or town limits, write "RURAL") 10
(d) Street No. --- (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1948 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from July 1948 to Aug 20 1948
that I last saw him alive on Aug 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death:
Bulbar Paralysis 2 wks.
Arterial Sclerosis 3 yrs.
Chronic Myocarditis " "
Other conditions (Include pregnancy within 3 months of death) _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____

While at work _____ (Specify type of place)
Means of injury 9
23. Signature Lloyd E. Nelson (D. Other)
Address Gallatin, Mo. Date signed 8-27-48

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

L. O. Richardson

Licensed Embalmer No.

3302

P. O. Address

Gallatin, 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.