

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 212

Primary Registration District No. 3 014

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Cole ¹⁹⁴⁰

(b) City or town Jefferson City

(c) Name of hospital or institution? St. Marys Hospital 1
(If not in hospital or institution, write street number or location)

X (d) Length of stay: In hospital or institution 7 days (Specify whether In this community 7 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town Beria, R.F.D. # 2
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME JOHN Jewell SHOCKLEY

8. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 19 1915
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 26 day January year 1940 hour 6 minute 4 AM

21. I hereby certify that I attended the deceased from Jan 16, 1940 40 Jan 23, 1940 that I last saw him alive on Jan 23, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 24 Months 4 Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death _____ Duration _____

Due to perforated duodenal ulcer with massive hemorrhage

Due to hemorrhage

Other conditions Shock

9. Birthplace Beria, MO
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business Grade School

MOTHER FATHER { 12. Name Pearly Allen Shockley

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

14. Maiden name Laura Shockley

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

Major findings: Of operations 0 1178

Of autopsy 0

PHYSICIAN _____

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Laudine Shockley

(b) Address Beria, Mo.

17. (a) Burial (b) Date thereof 1/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linington, Beria

18. (a) Signature of funeral director Ed. Casey

(b) Address Beria, Mo.

19. (a) 1/28/40 (b) John P. O'Neil
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. R. Reddick (M. D. or other) _____

Address Jefferson City Date signed 1-28/40

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, above space should be left blank.