

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11189

REG. DIST. NO. 23
Registration District No. 23

Primary Registration District No. 3019

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1214 St. Waldo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 11 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Samuel Shakespeare

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

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Dec. 21, 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 7 If less than one day hr. 1 min.

9. Birthplace Hudley England
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name William Shakespeare

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

14. Maiden name Sarah Marsh

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

16. (a) Informant's own signature William Shakespeare

(b) Address 1214 St. Waldo

17. (a) Burial (b) Date thereof 3/31/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director Boate & Speaks

(b) Address Independence, Mo.

19. (a) March 30-40 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1214 St. Waldo
(If rural, give location)
(e) If foreign born, how long in U. S. A. 60 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28
year 1940 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from Mar 4, 1940, to Mar 28, 1940
that I last saw him alive on Mar 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Therpes Zoster Interostales Duration 3/4/40

Due to _____ on _____

Due to _____

Other conditions Cerebral hemorrhage
(Include pregnancy within 6 months of death)

Major findings: Pneumonia

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) (e) Means of injury _____

23. Signature: Chas. Gratzki (M. D. or other) _____

Address Independence, Mo. Date signed 3/28/40

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

Nov. 6-17-39
U.S. GPO

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.

PHYSICIAN
Underline the cause to which death should be charged statistically

8241

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Roland V. Spinks
Licensed Embalmer No. 3604
P. O. Address Independence, 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, above space should be left blank.

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(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

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

3. (a) PRINCIPAL CAUSE OF DEATH Samuel Shakespeare

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 7 If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

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) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 28 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Herpes Zoster
Interosteal
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Cerebral Hemorrhage
Pneumonia
(Bronchial)
Of operations _____
Of autopsy _____

Duration _____
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 Chas. Grobke (M. D. or other) _____
Address Independence Date signed _____

SUPPLEMENTAL

1940

S-11189