

JUL 12 1940

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Cape Girardeau
 (b) City or town _____
 (c) Name of hospital or institution: St. Francis Hospital
 (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

3. (a) PRINT
FULL NAMEGeorge W. SHAWAN

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

M5. Color or
race A6. (a) Single, widowed, married,
divorced 1

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

Feb141852

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

88317

hr.

min.

9. Birthplace

HepatometaOhio

(City, town, or county)

(State or foreign country)

10. Usual occupation

Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name

John Shawan

13. Birthplace

Mayfield

(City, town, or county)

(State or foreign country)

14. Maiden name

Margaret Davis

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Geo. Shawan

(b) Address

Cape Girardeau, Mo17. (a) Burial

(b) Date thereof

6-1-40

(Burial, cremation, or removal)

(Month)

(Day)

(Year)

(c) Place: burial or cremation

Memorial Park

18. (a) Signature of funeral director

Dr. H. H. Newell

(b) Address

Cape Girardeau, Mo19. (a) 6-1-40

(b)

J. M. Thompson

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Cape Girardeau
 (c) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL")
 (d) Street No. 435 N. Frederick
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1940 hour 3 minute 20 a. M.21. I hereby certify that I attended the deceased from May 21
1940 to May 31, 1940
that I last saw him alive on May 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Influenza

Due to

Broncho pneumonia

Due to

Cholera septica

Other conditions

(Includes pregnancy within 3 months of death)

Major findings:

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

23. Signature H. H. Newell (M. D. or other)
Address CAPE GIRARDEAU, MO Date signed 6/1/40

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.