

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28970

Registration District No. 478

Primary Registration District No. 4295

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Lincoln

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

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 2 1/2 (Specify whether years, months or days)

In this community Hawthornpoint Mo years, months or days

3. (a) PRINT FULL NAME GEORGE WILLIS SHOCKLEE

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Male race White

6. (b) Name of husband or wife Lorene Shocklee

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

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 9 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 26 If less than one day hr. ✓ min.

9. Birthplace Mill Wood Mo (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business ✓

12. Name Matt Shocklee

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

14. Maiden name Roberta

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

16. (a) Informant Lorene Shocklee

(b) Address Hawthornpoint Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept 7, 40 (Month) (Day) (Year)

(c) Place: burial or cremation Mill Wood Cemetery

18. (a) Signature of funeral director Wayne McBoyer

(b) Address Tray Mo

19. (a) 9-6-40 (Date received local registrar)

(b) W. H. Guinn (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Hawthornpoint
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1940 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 13 1940, to Sept 4 1940

that I last saw him alive on Sept 4 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to 7/1

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration 7

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? 428

(Specify type of place) While at work? ✓ (Specify means of injury)

23. Signature V. C. Althoff (M. D. or other) 3

Address Hawthornpoint Mo Date signed Sept 5

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

7

MAR 24 1948
APR 2 1948

APR 9 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, 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.