

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32423

Registration District No. 470

Primary Registration District No. 26.33

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town McVernon Rural Mo.  
(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 20  
In this community 4 hours  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence  
(c) City or town McVernon Rural  
(d) Street No. R # 2  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Died Unnamed

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 single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If \_\_\_\_\_ years

7. Birth date of deceased Sept. 18 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 4 hr. \_\_\_\_\_ min.

9. Birthplace McVernon, R. 2, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frank George Shison  
13. Birthplace Paris, Okla.  
14. Maiden name Lucy Marie Janczka  
15. Birthplace Chicago, Ill.

16. (a) Informant Frank George Shison  
(b) Address McVernon, Mo. R. 2  
17. (a) burial (b) Date thereof Sept. 19 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director exp. by family  
(b) Address McVernon  
19. (a) Sept. 20, 1940 (b) P. A. Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18  
year 1940 hour 4:00 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept. 18 to Sept. 18, 1940; that I last saw him alive on Sept. 18 and that death occurred on the date and hour stated above. 1940  
Immediate cause of death Premature birth Duration \_\_\_\_\_

Due to Unknown  
Due to 154  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none  
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? Yes  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature P. A. Holmes (M. D. or other) 1  
Address McVernon, Mo. Date signed Sept 20 1940

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

RECEIVED

District Health Officer No. 6,

District File Number 1040-2753

Date Filed OCT 17 1940

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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.**