

Registration District No. 891

Primary Registration District No. 4540

Registrar's No. 26

1. PLACE OF DEATH:

Wayne

- (a) County Wayne
 (b) City or town Piedmont, Missouri
 (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 or location)
 (d) Length of stay: In hospital or institution 60 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Wayne
 (c) City or town Piedmont,
 (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) PRINT FULL NAME John Leroy Shirley

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 Anna May Shirley 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 30, 1906
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 2 6 _____ hr. _____ min.

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

10. Usual occupation Miner _____

11. Industry or business _____

- MOTHER { 12. Name John Shirley _____
 13. Birthplace Pennsylvania _____
 (City, town, or county) (State or foreign country)
 14. Maiden name Sophia Stinger _____
 15. Birthplace France _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Francis E. Shirley _____

- (b) Address Piedmont, Mo. _____

17. (a) 10-10-1940 (b) Date thereof 10. 10. 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Piedmont, Mo.

18. (a) Signature of funeral director F. L. Yates _____

- (b) Address Piedmont, Mo. _____

19. (a) 10-10-1940 (b) F. L. Yates _____
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
 year 1940. hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coroner Jury Verdict of death, Drinking Rubbing Alcohol _____

Due to _____

Due to _____

Other conditions _____
 (Include 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) _____

(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 A. F. Blagden _____ (M.D. or other)

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be statistically.

Spa

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.....

Ida M. Yates

Licensed Embalmer No. *2572*

P. O. Address.....

Piedmont, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36653

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 891

Primary Registration District No. 4840

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Piedmont
(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

3. (a) PRINT FULL NAME

John Leroy Shirley

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 _____ year

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

8. AGE: Years Months Days If less than one day
34 2 6 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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Oct day 6 year 1990 hour _____ minute _____ M.

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

Immediate cause of death Coroners jury verdict death, drinking & rubbing alcohol
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) accident

(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 A Wagner (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTAL

