No. 2
11-10-39
5-17-39
I xmtr.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1945

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 65

12
7
3

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(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 years, months or days)
In this community 5 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 12 7
(c) City or town Poplar Bluff 3
(If outside city or town limits write "RURAL")
(d) Street No. 510 Jefferson st
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Ella Shannon

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Mathew Shannon 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Dec. (Month) 5 (Day) 1908 (Year)

8. AGE: Years 32 Months 2 Days 3 If less than one day ____ hr. ____ min.

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

10. Usual occupation House maid

11. Industry or business ____

MOTHER FATHER
12. Name Milton Thompson
13. Birthplace unknown (City, town, or county) Ark (State or foreign country)
14. Maiden name Nancy Ewing
15. Birthplace unknown (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Nancy Thompson
(b) Address Poplar Bluff

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11-41 (Month) (Day) (Year)
(c) Place: burial or cremation City

18. (a) Signature of funeral director Frank Mortuary
(b) Address Poplar Bluff, Mo

19. (a) 2/13/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1941 hour 11 minute 45 A. 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.

	Duration
Immediate cause of death: Revolver Shot	
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) Homicide
(b) Date of occurrence Feb 8-1941
(c) Where did injury occur? Poplar Bluff (City or town) Butler (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? ____ (e) Means of injury 3

23. Signature Alfred W. Greer (M. D. or other) Coroner
Address Poplar Bluff Mo Date signed 2-10-41

(Licensed Embalmer's Statement on Reverse Side)

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 Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.