

FILED MAY 15 1949

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14205

Registration District No. 148

Primary Registration District No. 4082

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Belton
(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 ✓
In this community 27 yrs. 4 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME IRA CLINTON SHROYER

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 Pearl Shroyer 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Feb. 9 1884 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 2 3 hr. min.

9. Birthplace Hopkins, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business Shop

MOTHER FATHER { 12. Name unknown
13. Birthplace " 9 (City, town, or county) (State or foreign country)
14. Maiden name " 9
15. Birthplace " 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. C. Shroyer

(b) Address Belton, Mo.

17. (a) Burial (b) Date thereof April 14, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Belton, Mo.

18. (a) Signature of funeral director E. K. Georger Saus

(b) Address Belton, Mo.

19. (a) 4-14-41 (b) R M Miller (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Belton, Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. ✓ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ✓ years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1940 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 31, 1941, to April 12, 1941; that I last saw him alive on April 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombi

Due to.....

Due to..... 914 W

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration
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? 41
While at work? (Specify type of place) (e) Means of injury.....

23. Signature R M Miller (M. D. or other) ✓
Address Belton Mo Date signed 4-14-41

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

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.....

A. T. George

Licensed Embalmer No. *3645*

P. O. Address *Seabrook, Md.*

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.