No. 2
1-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25864

State File No.

Registration District No. 689 AUG 9 1941

Primary Registration District No. 5917

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Pike Mo
(b) City or town ~~Rural Near~~ Vera. P.O.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD Louisiana Mo
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike 82
(c) City or town Louisiana 0
(If outside city or town limits, write "RURAL")
(d) Street No. N 4th 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME Price Davenport Shannon
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Dec 3 (Month) 1927 ~~1928~~ (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
13	7	0	hr. min.

9. Birthplace Pike Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation School Child
11. Industry or business
FATHER
12. Name Joseph O Shannon
13. Birthplace Pike Co (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Ethel M. Bolomey
15. Birthplace Pike Co (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant C. W. Bolomey
(b) Address RFD Louisiana Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem - Pike Co Mo
18. (a) Signature of funeral director F. C. Haley
(b) Address Louisiana Mo
19. (a) 7/4/41 (Date received local registrar) (b) F. C. Haley (Registrar's signature) 650

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1941 hour 5 minute 00P 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	
Due to While riding a bicycle on highway 54 was struck by a truck	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

170 C 6 25

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 0 82
(b) Date of occurrence 7-3-41
(c) Where did injury occur? Near Vera, P.O. (City or town) Pike (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway 54 (Specify type of place)
While at work? No (e) Means of injury Fracture Skull ~~[illegible]~~
23. Signature M. H. Smith (M. D. or other) Coroner
Address Louisiana Mo Date signed 7/4/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-41-1443
Date Filed AUG 6 1941

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 George O. Wagner, Registered Apprentice No. ..... working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3778

P. O. Address Louisiana, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.