

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27778

FILED SEP 4 1941

Registration District No. 8

Primary Registration District No. 203

Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Warsaw
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 4 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Benton

(c) City or town Warsaw
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Slaney Share

3. (b) If veteran, name war no

3. (c) Social Security No. now

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Nov 29 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 23 If less than one day
hr. _____ min. _____

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

10. Usual occupation Retired Blacksmith

11. Industry or business _____

12. Name Samuel Share

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Patterson

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Logan Share

(b) Address Warsaw

17. (a) Burial (b) Date thereof Aug 6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director White-Risher

(b) Address Warson Mo

19. (a) Aug 15 1941 (b) Jas. A. Logan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
year 1941 hour 5 20 minute _____ M.

21. I hereby certify that I attended the deceased from on visit
Aug 4 1941, to Aug 4 1941;
that I last saw him alive on Aug 4 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Palatable heart disease

Due to Obsteria Route

Due to _____

Other conditions 9th
(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?
(Specify type of place) (e) Means of injury _____

While at work? _____ (e) Means of injury _____

23. Signatures H. J. Suray (M. D. or other) 9

Address Warsaw Date signed 8-7-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7;

District File Number 9-41-1570

Date Filed 9-3-41

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.....

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.