

Registration District No. **598**

Primary Registration District No. **9355**

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

1. PLACE OF DEATH:
 (a) County Morgan
 (b) City or town Versailles
 (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 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Marcel E. Shore
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 Stella Stinger **6. (c) Age of husband or wife if alive** 33 years
7. Birth date of deceased July 8 - 1914
 (Month) (Day) (Year)

8. AGE: Years 26 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Creek, Nebraska
 (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business laborer

MOTHER FATHER
12. Name Rube Shore
13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
14. Maiden name Stella Williams
15. Birthplace Morgan County, Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Rube Shore

(b) Address Versailles, Mo
17. (a) Burial, cremation, or removal Burial **(b) Date thereof** May 21-41
 (Month) (Day) (Year)

(c) Place: burial or cremation Versailles City Cem

18. (a) Signature of funeral director W. G. Quinn

(b) Address Versailles, Missouri

19. (a) Date received local registrar 11-2-41 **(b) Registrar's signature** W. G. Quinn

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Morgan
 (c) City or town Versailles
 (If outside city or town limits, write "RURAL")
 (d) Street No. Westbawn (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1941 hour 11 ~~mid~~ A M.

21. I hereby certify that I attended the deceased from Sept 1940, 1940, to May 19, 1941
 that I last saw him alive on 5-19-41, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerulo-nephritis

Due to _____
Due to not known

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 1318
 Of autopsy _____

Duration 2 yrs
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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature W. G. Quinn (M. D. ~~Quinn~~)
Address Versailles Mo **Date signed** 5/19/41

MAY 7 1947

RECEIVED

District Health Officer No. 2

District File Number 12-41-2207

Date filed 1-15-42

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 Gene Hartman

Licensed Embalmer No. 4021

P. O. Address * Des Moines, Ia

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.