S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33534

Registration District No. 74 Primary Registration District No. 5296 Registrar's No. 30-47

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Hardin Twp Rural
(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
In this community 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Ruby Mae Shannon
3. (b) If veteran, name war no
3. (c) Social Security No. none.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eugene Shannon
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased June (Month) 16 (Day) 1886 (Year)

8. AGE: Years 56 Months [illegible] Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Clay County (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation House wife
11. Industry or business .....
FATHER 12. Name George Welsh
FATHER 13. Birthplace Ill. (City, town, or county) (State or foreign country) /
MOTHER 14. Maiden name Anna Stineard
MOTHER 15. Birthplace Ill. (City, town, or county) (State or foreign country) /
16. (a) Informant Eugene Shannon
(b) Address Platte City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Cem Cl. Co.
18. (a) Signature of funeral director O'Brien - Tyson
(b) Address Platte City Mo.
19. (a) 10-21 42 (Date received local registrar) (b) Mrs A C Hartley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20 year 1942 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from Oct 17, 1942, to Oct 20, 1942, that I last saw her alive on Oct 20-1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

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

23. Signature J. F. Ruff (M. D. or other)
Address Smithville Mo. Date signed .....

1085

(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.....

Licensed Embalmer No. 3640

P.O. Address [redacted] 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, fact should be so stated above.