

FILED NOV 10 1942-8-157

Registration District No. 2020-3028 Primary Registration District No. 3020 3028

Registrar's No. 220

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
113 S. River Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 65 Years
(Specify whether years, months or days)

In this community 65 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 113 S. River Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. - - -

3. (a) PRINT FULL NAME Dinah Shannon

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13th
year 1942 hour 5 minute 10⁰⁰ M.

21. I hereby certify that I attended the deceased from Oct 10 1942 to Oct 13 1942
that I last saw her alive on Oct 12 1942
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Lewis Shannon

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

7. Birth date of deceased: October 24 1857
(Month) (Day) (Year)

Immediate cause of death: Chronic Brights

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 1216

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 84 Months 11 Days 19
If less than one day hr. min.

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

12. Name Jacob Leaper

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

14. Maiden name Maria Johnson

15. Birthplace Middle Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Elder Duncan

(b) Address 113 S. River, Carthage, Mo.

17. (a) Burial (b) Date thereof Oct. 16, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 10/14/42 (b) Elizabeth Compton
(Date received local registrar) (Registrar's signature)

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?

(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 H. E. Baker (M. D.)
Address Carthage Mo Date signed 10-18-42

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

49
3

1263

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: Ernest R. Trues

Licensed Embalmer No. 391

P. O. Address: Carthage

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.