No. 2
—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43182

FILED DEC 30 1943

Registration District No. 24 Primary Registration District No. 4366 Registrar's No. 40

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: None.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Granby.
(If outside city or town limits, write "RURAL") 6

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Wesley Shewmake

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 Anna Shewmake

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased May (Month) 10 (Day) 1861 (Year)

8. AGE: Years 82 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Rocky Comfort Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer & Miner

11. Industry or business

FATHER
12. Name Thomas Shewmake.
13. Birthplace Tenn. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Nancey Hanner
15. Birthplace Tenn. (City, town, or county) / (State or foreign country)

16. (a) Informant C. A. Shewmake
(b) Address Granby Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Granby Cemetery.

18. (a) Signature of funeral director Culvers
(b) Address Carterville Mo.

19. (a) Dec 4/43 (Date received by local registrar) (b) Lulu Norwood assistant Mona Beck (Registrar's signature)

1147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1943 hour minute 8 A.M.

21. I hereby certify that I attended the deceased from March 26, 1942 to Nov. 24 1943 that I last saw him alive on Nov. 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic cardio-renal hypertensive disease — Duration 2 yrs

Due to

Due to

Other conditions (Includes pregnancy within 3 months of death) 13/a

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 Charles D. Chase (M.D. or other) D.O.

Address Granby Mo. Date signed 12/1/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-15-43

District Health Officer No.

District File Number 1243-235

Date Filed 12-20-43

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 G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.