

Registration District No. 276

Primary Registration District No. 5947

81
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rural "St. James" Mo.
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 81

(a) State Missouri (b) County Phelps

(c) City or town St. James, "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 Joe Shabo

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month April day 23 rd
year 1944 hour 12 P m minute 00 M.

4. Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

21. I hereby certify that I attended the deceased from April 21st 1944 to April 23, 1944
that I last saw him alive on April 21st 1944
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Influenza Duration 5 days

7. Birth date of deceased 12 (Month) 19 (Day) 1868 (Year)

Due to Chronic myocarditis year

8. AGE:	Years	Months	Days	If less than one day
<u>75</u>	<u>4</u>	<u>4</u>	<u>4</u>	hr. min.

Due to _____

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

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

10. Usual occupation Farming

Major findings: _____
Of operations _____
Of autopsy _____

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PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John Shabo

13. Birthplace St. James Italy (City, town, or county) (State or foreign country)

14. Maiden name Catherine Fiari

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

16. (a) Informant John Shabo

(b) Address St. James, Mo.

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

(c) Place: burial or cremation Catholic Cem.

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

(b) Address _____

19. (a) 5-16-44 (Date received local registrar) (b) Ch. H. ... (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? _____ (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. H. ... (M. D. ...) Address St. James, Mo. Date signed 11.25.44

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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.....

me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Orville E. Licklider

Licensed Embalmer No. *3546*

P. O. Address *H. James m*

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.