

State File No. _____
Registrar's No. 75

FILED OCT 15 1945
Registration District No. 20

Primary Registration District No. 5451

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Havenwood (Rural)
(c) Name of hospital or institution: Milton Insulip
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community lifetime (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED: Milton Insulip
(a) State MO (b) County Henry
(c) City or town Havenwood MO (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. South side of Havenwood
(If rural, give location)
(e) Citizen of foreign country? NY (Yes or No) Yes
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Lewis Albert Shanks
3. (b) If veteran, name war V
3. (c) Social Security No. 536-07-4894
4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of wife Mrs. Rena Shanks
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased March 5 1906
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 3 year 1945 hour 12 minute 45 P.
21. I hereby certify that I attended the deceased from Aug 3 1945 to Sept 3 1945
that I last saw him alive on Sept 1 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 39 Months 5 Days 28 If less than one day hr. min.

Immediate cause of death Coronary atherosclerosis
Due to _____
Due to _____

9. Birthplace Todowny PA MD
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations gfu
Of autopsy _____

11. Industry or business Forest
12. Name John Shanks
13. Birthplace Bear Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Sophia 1892
15. Birthplace Heferska
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs. Rena Shanks
(b) Address 1 Havenwood 7th St. P.A.
17. (a) Burial (b) Date thereof 9-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Requiem 1-710
18. (a) Signature of funeral director John H. Phillips
(b) Address Storobing MO
19. Sept 7-1945 (b) John H. Phillips
(Date received local registrar) (Registrar's signature)

23. Signature C. H. Williams (M. D. or other) D.O.
Address Henry MO Date signed 9/4/45

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

MOTHER, FATHER

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

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 *Leroy H. Phillips*

Licensed Embalmer No. *1898*

P. O. Address *Stonewall Md*

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.