

No. 2
-12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8262
Registrar's No. 44

Registration District No. 59 Primary Registration District No. 4099

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

1. PLACE OF DEATH
(a) County Pleasant Hill
(b) City or town Pleasant Hill
(c) Name of hospital or institution Highway in City limits
(d) Length of stay: In hospital or institution since 1921
In this community since 1921

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill
(d) Street No. 7 Highway & City limits
(e) Citizen of foreign country? Yes England

3. (a) PRINT FULL NAME Thomas D. Shapland
(b) If veteran, name war none
(c) Social Security No. none

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed 2 divorced widowed
(b) Name of husband or wife Elizabeth Enlow Shapland
7. Birth date of deceased Aug 20 1860

8. AGE: Years 86 Months 7 Days 17

9. Birthplace: Ilfracomb, Deomshire, England
10. Usual occupation Retired farmer

11. Industry or business Thomas D. Shapland
12. Name Thomas D. Shapland
13. Birthplace England
14. Maiden name Catherine Dyer
15. Birthplace England

16. (a) Informant Mrs Susie Russell
(b) Address Pleasant Hill, Missouri.
17. (a) Burial (b) Date thereof 3-9-47
(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill, Mo.
19. (a) 3-12-1947 (Date received local registrar)
(b) (Registrar's signature) Lawrence Jones

20. DATE OF DEATH: Month Feb day 7 year 1947 hour 8 AM minute M.
21. I hereby certify that I attended the deceased from Sept 1946 to Feb 1947
that I last saw him alive on Feb 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis, Chronic Myocarditis, Aneurysm of Aorta, Hypertension
Due to: Coronary Thrombosis, Chronic Myocarditis, Aneurysm of Aorta, Hypertension
Due to: Coronary Thrombosis, Chronic Myocarditis, Aneurysm of Aorta, Hypertension
Other conditions: (Include pregnancy within 3 months of death)
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work: (Specify type of place) (c) Means of injury
23. Signature J. H. Search (M. D. or other) Do.
Address Pleasant Hill, Mo signed 3-8-47

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.....

By me 3-7-47....., Registered Apprentice No.....
working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

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.