

FILED JUL 1 1947

Registration District No. 130

Primary Registration District No. 5468

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rogersville Rural #3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homes 1
(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:

(a) State Missouri (b) County Greene
(c) City or town Rogersville Rural #3
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur Burgess Shrake

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 May Shrake 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased: Nov. 28, 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Teacher

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 9
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name unknown 9
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant J. Shrake (son)

(b) Address Rogersville mo #3

17. (a) Burial (b) Date thereof Dec 1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Kelley-Ferrell Bergman

(b) Address Rogersville mo #3

19. (a) June 26-47 (b) Harry S. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1947 hour 6 minutes 30 A. M.

21. I hereby certify that I attended the deceased from 4-4-47 1947 to 9-28-47 1947
that I last saw him alive on 3-27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
Due to arterio sclerosis 2 years

Due to _____

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

Major findings: Of operations _____
Of autopsy GA

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (D. of death)
Address _____ Date signed 7/1/47

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

JUL 10 1968

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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address. Fardland 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.