

No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30411

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1159

1. PLACE OF DEATH:

(a) County Rushmore

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

(c) Name of hospital or institution State Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 months 14 days
(Specify whether days, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(c) City or town LIBERTY
(If outside city or town limits, write "RURAL")

(d) Street No. RFD 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Nora Fleming

3. (b) If veteran, name war No

3. (c) Social Security No. Miss

5. Color of hair white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fleming

6. (c) Age of husband or wife if alive not given years

7. Birth date of deceased Sept 24 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23
year 1947 hour 10 minute 430 A.M.

21. I hereby certify that I attended the deceased from Jan 1st 1947 to 9-23 1947
that I last saw her alive on 9-23 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>11</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death Myocarditis

Due to Arteriosclerosis 1/2 or more

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

10. Usual occupation house wife

11. Industry or business at home

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

Major findings: _____

Of operations _____

Of autopsy No autopsy

MOTHER FATHER

12. Name ROBERT A. SHANNON

13. Birthplace unknown, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name ROSA KIRCHENER

15. Birthplace unknown, Missouri
(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? _____

16. (a) Informant E. L. Fleming

(b) Address 1946 Liberty Mo RFD 2

17. (a) Reburied (b) Date thereof Sept. 23, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

23. Signature _____ (M. D. or other)

Address State Hospital #2 Date signed 9/23/47

18. (a) Signature of funeral director Halter Meierhoffer

(b) Address 1946 Colhoun St. St. Joseph, Mo.

19. (a) 9-29-47 (b) E. L. Fleming
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Albert R. Harrington*
Licensed Embalmer No..... *3258 Mo.*
P. O. Address..... *St. Joseph, 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.