

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4322

1. PLACE OF DEATH: Mercer
 (a) County.....
 (b) City or town..... Princeton, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Arbell Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 4 days (Specify whether
 years, months or days) all his life

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... Mo. (b) County..... Mercer 65
 (c) City or town..... Rural 6
 (If outside city or town limits, write "RURAL") 0
 (d) Street No..... (If rural, give location) 0
 (e) Citizen of foreign country?..... no (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... Leon Shandrew
 3. (b) If veteran, name war..... 3. (c) Social Security No. 499-18-453

4. Sex..... male 5. Color or race..... white 6. (a) Single, widowed, married, divorced..... married
 6. (b) Name of husband or wife..... Winnie Shandrew 6. (c) Age of husband or wife if alive..... 60 years
 7. Birth date of deceased..... Nov. 18, 1883
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 65 2 3 hr. min.

9. Birthplace..... Blue Ridge, New York /
 (City, town, or county) (State or foreign country)

10. Usual occupation..... Farmer and Laborer

11. Industry or business.....

12. Name..... George B. Shandrew

13. Birthplace..... New York /
 (City, town, or county) (State or foreign country)

14. Maiden name..... Aeno 2

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

16. (a) Informant..... Mrs. Leon Shandrew

(b) Address..... Princeton, Mo

17. (a) burial (b) Date thereof..... 1-24-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Coon Noel Moss

18. (a) Signature of funeral director..... Princeton, Mo

(b) Address.....

19. (a) 1-27-48 (b) M. J. Ruth 393
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 21 day
 year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from
 Sept. 30, 1947 to Jan. 21, 1948
 that I last saw him alive on Jan. 21, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death..... cerebral hemorrhage 192 da.
 Due to..... hyper tension 3 yr.
 Due to..... arterio-sclerosis 5 yr.

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

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause of 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?..... 2
 While at work?..... (Specify type of place)
 (c) Means of injury.....

23. Signature..... Byron J. Arbell (M. D. or other) D.O.
 Princeton, Missouri Date signed 1/23/48

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

MOTHER FATHER

