

No. 2
12-45
17-39
7070

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

FILED JUN 4 1948

Registration District No. 340

Primary Registration District No. 6152

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution:
(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 Stoddard **103**

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

(d) Street No. R.F.D. # 1, Dexter, Mo.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME George Warren Shope

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 28 1878
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>69</u>	<u>9</u>	<u>13</u>	hr. _____ min. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11
year 1948 hour 10 minute 0 A. M.

21. I hereby certify that I attended the deceased from Sept. 1 - 41 May 11 - 48
that I last saw him alive on May 27 - 48
and that death occurred on the date and hour stated above.

Immediate cause of death Milne's Chaperonator Duration 19

Due to _____

Due to _____

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.

MOTHER FATHER

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

10. Usual occupation Retired

11. Industry or business _____

12. Name L. W. Shobe

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

14. Maiden name Georgia W. Lane
(City, town, or county) (State or foreign country)

15. Birthplace Cole County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lenard Brown

(b) Address R.F.D. # 1, Dexter, Mo.

17. (a) Burial (b) Date thereof 5-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Strickland-Rainey
(b) Address Dexter, Missouri

19. (a) 5-28-48 (b) Delma B. Jenkins
(Date received local registrar) (Registrar's signature)

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 J. P. Crawford (M.D. or other) _____
Address Essex, Mo. Date signed 5-14-48

AUG 31 1948

RECEIVED

District Health Office No. 2,

District File Number 648-215

Date Filed 6-3-48

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 _____

Licensed Embalmer No. 3479

P. O. Address Weymouth, Mass.

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.