. No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1948

Registration District No. 101

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4 315

State File No. 30362

Registrar's No.

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: La Plata
(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 years, months or days)
In this community: 82 years -

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Macon 61
(c) City or town: La Plata Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no - (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: William S. Shores
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: M. 0
5. Color or race: W
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 (Month) 25 (Day) 1866 (Year)
8. AGE: Years 82 Months 2 Days 9 If less than one day ..... hr. ..... min.
9. Birthplace: Macon Co. (City, town, or county) ..... (State or foreign country) 0
10. Usual occupation: retired Farmer
11. Industry or business
MOTHER FATHER
12. Name: Alford Shores 0
13. Birthplace: Macon Co. (City, town, or county) ..... (State or foreign country)
14. Maiden name: Sarah Ann Rodgers
15. Birthplace: Adair Co. (City, town, or county) ..... (State or foreign country)
16. (a) Informant: Fred Shores
(b) Address: La Plata Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 5 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: La Plata
18. (a) Signature of funeral director: D. L. Christie
(b) Address: La Plata Mo.
19. (a) Oct 5 1948 (Date received local registrar) (b) Mrs O B Boyer (Registrar's signature) 1 to

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1948 hour T minute T M.
21. I hereby certify that I attended the deceased from death was sudden, had no physical, 1948 that I last saw h..... alive on ..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death: Probably Coronary Sclerosis. — Duration
Due to: Arteriosclerosis
Due to: ✓
Other conditions: None ✓ (Include pregnancy within 3 months of death)
Major findings:
Of operations: 0
Of autopsy: 0

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: 0
23. Signature: H. O. Newton (M. D. or other)
Address: La Plata MO Date signed: 10/4/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-48-1791
Date Filed OCT 14 1948

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 N. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford St.

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.