

Miss. Herbert Cabot

613 W. ...
FILED DEC 24 1946

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39891
Do not use this space.

1. PLACE OF DEATH

(a) County CARROLL Registration District No. 55
 (b) Township CARROLLTON Primary Registration District No. 3011 Registered No. 141
 (c) City CARROLLTON (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GERTRUDE MAY SHAHAN
 (a) Residence, No. HURDLAND - MO - St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED
 (OR) WIFE OF HUGH MILLER SHAHAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 15 1874

7. AGE YEARS <u>72</u>	MONTHS <u>3</u>	DAYS <u>16</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) HURDLAND (STATE OR COUNTRY) MO.

FATHER

13. NAME THEODORE NEWTON
 14. BIRTHPLACE (CITY OR TOWN) MONK (STATE OR COUNTRY) ILLINOIS

MOTHER

15. MAIDEN NAME AMELIA HANER
 16. BIRTHPLACE (CITY OR TOWN) SCRUPLE (STATE OR COUNTRY) NEW YORK

17. INFORMANT Mrs. Estel Hamilton (ADDRESS) 903 E. BENTON - Carrolton, Mo.

18. BURIAL, CREMATION, OR REMOVAL BURIAL PLACE I.O.O.F. DATE 12 - 3 1946

19. FUNERAL DIRECTOR Geo. B. Caskey Jr (ADDRESS) Hurdland, Mo.

20. FILED 12/2/46 19 Mrs. Herbert Cabot Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1946

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1945, to Dec 1, 1946
 I last saw him alive on Dec 1, 1946 Death is said to have occurred on the date stated above, at 3:55 p.m.
 The principal cause of death and related causes of importance were as follows:
Parkinson's Disease Date of onset 1943

Other contributory causes of importance:
Sclerosis

Name of operation None Date of _____
 What test confirmed diagnosis? Examination Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? XX Date of injury XX, 1946
 Where did injury occur? NO injury (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. XX

Manner of injury XX
 Nature of injury XX

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify R.F. Cook M. D.
 (Signed) _____ (Address) Carrollton Mo
12/2/46

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

38705

RECEIVED

District Health Officer No. 4

District File Number

Date Filed 12-21-46

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed..... *Geo. B. Easley Jr.*

Licensed Embalmer No. *3755*

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.)