

REC'D MAR 16 1939

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

7442  
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 468  
(b) Township..... Primary Registration District No. 3022 Registered No. 55  
(c) City..... Sedalia (d) Street No. 111 W. 6th St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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 660 Pearllette Shearer

(a) Residence, No. 111 W. 6th St St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. H. Shearer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 5 0

OCCUPATION 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. At home  
10. Date deceased last worked at this occupation (month and year).....  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER 13. NAME ? StJohn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Emily Prather

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs. Hazel Hollingsworth  
Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Van Meter, Iowa DATE Feb. 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gillespie Funeral Home  
Sedalia, Mo.

20. FILED 2-16-1939 Mrs Harry Sneed  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1939

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1939, to Feb 12, 1939  
Last saw her alive on Feb 10, 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Valvular disease chronic  
Cardiac - aortic stenosis  
mitral insufficiency  
Coronary Arteriosclerosis  
Date of onset 1942

Other contributory causes of importance: Cholecystitis - Chronic 10 yrs  
g lived

Name of operation none Date of.....  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify Chas DeHorne, M. D.  
(Signed) Chas DeHorne  
(Address) 113 1/2 24th St Sedalia, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED  
District Health Officer No. 8,  
District File Number 316/39  
Date Filed 3/6/39

**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, \_\_\_\_\_

L. E. Boudelin, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed L. E. Boudelin

Licensed Embalmer No. 3847

P. O. Address Keokuk 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, above space should be left blank.**