

REC'D APR 15 1939

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

10926
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison 2 Registration District No. 334
(b) Township Bethany 1 Primary Registration District No. 5465
(c) City..... (d) Street No..... 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

140 Ella Catherine Shipley
(a) Residence, No. Harrison County St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED

WIDOWED
(OR WIFE OF)

Ben Shipley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 5 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Harrison Co. Missouri13. NAME W. F. Bolan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Eveline Boyce16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT (ADDRESS) Ben Shipley Bethany Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Dale Cemetery DATE Mar 17, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Joe E. Wheeler Bethany Mo.20. FILED 3-17-1939 A. L. Wessling Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1939 to Mar 16 1939
last saw him alive on Oct 3 1939 Death is said to have occurred on the date stated above, at 9:10 a. m.
The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis ?
Date of onset

Other contributory causes of importance: 171

Hypertension ?
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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.....
(Signed) A. L. Wessling 1, M. D.
(Address) Bethany Mo.

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

1 X14025

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.

RECEIVED
District Health Officer No. 11,
District File Number 29-296
APR-10-1939

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,

Joe E. Wheeler

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Joe E. Wheeler*

Licensed Embalmer No. *3512*

P. O. Address *Bethany 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.