

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

37369
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 830
 (b) Township Salt River Primary Registration District No. 4503 Registered No. 41
 (c) City Shelbina (d) Street No. _____
 (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ 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 HUSBAND OR (OR) WIFE OF S J Sanders
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1872
 7. AGE YEARS 67 MONTHS 6 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
 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) Monroe Co MO

FATHER 13. NAME John Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co MO

17. INFORMANT (ADDRESS) Mozzie Rainey Shelbyville MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge Cemetery DATE Oct. 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. G. Hayes Shelbina, Mo.

20. FILED Nov 1, 1939 Ruth Joyner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1939 to Oct 22, 1939.
 I last saw her alive on Oct 22, 1939. Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. 10-22-39
 Date of onset 10-22-39

Other contributory causes of importance: _____

Name of operation _____ 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? No.
 If so, specify _____
 (Signed) A. M. Wood, M. D.
 (Address) Shelbina Mo.

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.

RECORDED
INDEXED
NOV 10 11-39-1960
NOV 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, or by.....
Me....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. Hayes*.....
Licensed Embalmer No. *1437*
P. O. Address *Shelburne Me*

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.