

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.

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

44516  
Do not use this space.

1. PLACE OF DEATH 3

(a) County St. Francois Registration District No. 773

(b) Township St. Francois Primary Registration District No. 6018A

(c) City Near Farmington (d) Street No. State Hospital No. 4 Registered No. 189  
(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 Nora P. Shobe

(a) Residence, No. 3918 Blaine Ave., St. Louis, Mo. (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow			21. DATE OF DEATH (MONTH, DAY, AND YEAR)	12-2, 1939
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur E. Shobe					22. I HEREBY CERTIFY, That I attended deceased from	4-14, 1936 to 12-2, 1939
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-2-1867					I last saw her alive on	12-2, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.					Death is said to have occurred on the date stated above, at 9:45 a. m.	
OCCUPATION	8. Trade, profession, or particular kind of work done, assawyer, bookkeeper, etc. Housewife				The principal cause of death and related causes of importance were as follows:	
	9. Industry or business in which work was done, as saw mill, bank, etc.				Aortic atherosclerosis, generalized atherosclerosis, Coronary Occlusion (End-Stage Death)	
	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) Chamois, Missouri					Other contributory causes of importance: Severe Psychosis Chronic Myocarditis	
FATHER	13. NAME John A. Townley				Name of operation None	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chamois, Missouri				Date of operation	
MOTHER	15. MAIDEN NAME Elizabeth Hensley				What test confirmed diagnosis? Clinical Was there an autopsy? No	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chamois, Missouri				23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT Records of State Hospital No. 4 (ADDRESS) Farmington, Mo.					Manner of injury Nature of injury	
18. BURIAL, CREMATION, OR REMOVAL PLACE Chamois, Mo. DATE 12-5, 1939					24. Was disease or injury in any way related to occupation of deceased? No If so, specify	
19. FUNERAL DIRECTOR (NAME) C. T. Lloyd (ADDRESS) Farmington, Mo.					(Signed) C. C. Ault, M. D. (Address) Farmington, Mo.	
20. FILED Dec 5, 1939 F. J. Robinson Local Registrar						

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

*C J Floyd*

or by *me*

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

*Deidert muel ed*

Signed \_\_\_\_\_

*C J Floyd*

Licensed Embalmer No. \_\_\_\_\_

*3527*

P. O. Address \_\_\_\_\_

*Farmington 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.**