

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

7305
Do not use this space.

FILED MAR 9 - 1940

1. PLACE OF DEATH
- (a) County macon Registration District No. 533-533
 (b) Township Eagle Primary Registration District No. 5714
 (c) City Atlanta (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 Ethel Shelmadine
- (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 married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 (OR) HUSBAND OF L. L. Shelmadine
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 10 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. lived on farm
 9. Industry or business in which work was done, as saw mill, bank, etc. house wife
 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) Sinclair Co. Mo.

FATHER 13. NAME Alonzo O. Bailey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Rosetta Ellen Miles
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis.

17. INFORMANT L. L. Shelmadine
 (ADDRESS) Atlanta Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Powell DATE 2-27-1940

19. FUNERAL DIRECTOR (NAME) H. M. Budding
 (ADDRESS) Atlanta Mo.

20. FILED 2/29 1940 Geo. W. Heintzel
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24-1940

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1940, to 2-24, 1940.
 I last saw her alive on 2-24, 1940. Death is said to have occurred on the date stated above, at 6 P. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis
hypertension
General arteriosclerosis with
hypertension

Other contributory causes of importance:
General arteriosclerosis with
hypertension

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? No
 If so, specify _____
 (Signed) A. L. Campbell M. D.
 (Address) Atlanta Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 3-40-561

Date Filed MAR 8 1940

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, _____

H.M. Goodding, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed H.M. Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta 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.