

DEC 17 1940  
Registration District No. **548**

Primary Registration District No. **4923**

Registrar's No. **36**

1. PLACE OF DEATH: **Marion**  
(a) County **Palmyra, Mo.**  
(b) City or town **Palmyra, Mo.**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
**40 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Eliza Shirkey**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color, or race **White** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Braham Shirkey** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Oct. 12 1862**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **1** Days **11** If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Lewis county Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at Home** **0**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **James Loudermilk**  
13. Birthplace **Unknown** ?  
(City, town, or county) (State or foreign country)  
14. Maiden name **Rebecca Bozarth**  
15. Birthplace **Unknown** ?  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Nannie Loudermilk**  
(b) Address **Palmyra, Mo.**

17. (a) **Burial** (b) Date thereof **11/27/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (e) Signature of funeral director **Low Pross**  
(b) Address **Palmyra, Mo.**

19. (a) **Nov 27-1940** (b) **Gertude Lee**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Marion**  
(c) City or town **Palmyra, Missouri**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **24**  
year **1940** hour **9** minute **30** M.

21. I hereby certify that I attended the deceased from **September**  
**1940** to **November** 19**40**  
that I last saw him alive on **November 22**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**  
**Supremities of old age**

Due to **Arteriosclerosis**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

**4 AM** (Specify type of place) While at work (e) Means of injury \_\_\_\_\_

23. Signature **J. P. H. Stubbins** (M. D. or other) **3**  
Address **Palmyra, Mo.** Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Signed \_\_\_\_\_

Licensed Embalmer No. 2382

P. O. Address. Palmyra, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**