

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

JAN 25 1940  
Registration District No. **259**

Primary Registration District No. **5359**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County **DeKalb**  
 (b) City or town **No. 11**  
 (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 \_\_\_\_\_ (Specify whether  
 In this community **many years** years, months or days)

3. (a) PRINT FULL NAME **CLARA BETH SHEDRICK**  
 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 **married**  
 6. (b) Name of husband or wife **John Shedrick** 6. (c) Age of husband or wife if alive **75** years  
 7. Birth date of deceased **Jan. 25 1878**  
 (Month) (Day) (Year)

8. AGE: Years **62** Months **11** Days **20** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **DeKalb Co. Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Attorney**

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

MOTHER FATHER  
 { 12. Name **Edward Kaitley**  
 { 13. Birthplace **Germany**  
 { 14. Maiden name **Hattie Louise**  
 { 15. Birthplace **Illinois**  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Hattie Maeflanders**  
 (b) Address **Marysville Mo**

17. (a) **Burial** (b) Date thereof **12/20/40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Put Pleasant Cem.**

18. (a) Signature of funeral director **Put Pleasant Cem.**  
 (b) Address **Marysville Mo**

19. (a) **1-10-41** (b) **Ethel H. Bone**  
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Dec** day **27** year **1940** hour **1:30** minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from **June 9** 19**40**, to **Dec 27** 19**40**  
 that I last saw her alive on **Dec 26** 19**40**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**  
 Duration **2 days**

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

Other conditions **cerebral thrombosis 7 weeks**  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? **234**  
 While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature **W. R. Rignoldy** M. D. or other \_\_\_\_\_  
 Address **Marysville Mo** Date signed **1/27/41**

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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.....

.....  
working under my personal supervision.

.....  
Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**