

No. 2
-1-4-41
5-17-39
K26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22891

State File No. _____

Registration District No. 831

Primary Registration District No. 6093

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Emden Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 3 Months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Shelbina Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 1841
year 1941 hour 2 minute 32 M.
21. I hereby certify that I attended the deceased from May 13
1941 to June 18 1941
that I last saw her alive on June 17 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Senescent Duration about 2 yrs

3. (a) PRINT FULL NAME Christina Doyle

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 James Doyle 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 29th 1863
(Month) (Day) (Year)

3. AGE: Years 77 Months 9 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Marion Co., Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Rettig
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Steiman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Ward

(b) Address Waseca Ill

17. (a) Burial (b) Date thereof 6/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Mo

18. (a) Signature of funeral director William J. Barklee

(b) Address Shelbina Mo

19. (a) June 20 41 (b) Pearl Goo
(Date received local registrar) (Registrar's signature)

Due to Unknown
Due to 93H

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy No autopsy
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?

While at-work? 748 (Specify type of place) (e) Means of injury _____

23. Signature W. J. Barklee (M. D. or other) _____
Address Shelbina Mo Date signed June 19 41

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

RECEIVED

District Health Officer No. 10

District File Number 7-41-1309

Date Filed JUL 16 1941

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 Henry G. Barkelred

Licensed Embalmer No. 3835

P. O. Address Shelburne, 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, fact should be so stated above.