

FILLED AUG 14 1941/19  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4495

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Morhey  
(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 29 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott/00  
(c) City or town Morhey (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.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 17  
year 1941 hour 04 minute 0 P.M.

21. I hereby certify that I attended the deceased from 7/4, 1941, to 7/17, 1941  
that I last saw her alive on 7/17, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Diarrhoea 1939

Due to 1200  
Due to \_\_\_\_\_

Other conditions Similarity  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. A. Cline (M. D. or other) \_\_\_\_\_  
Address J. A. Cline Date signed 7/17/41

3. (a) PRINT FULL NAME Rosa Shores

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

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband George M. Shores 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased Feb. 26 1861  
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 21 If less than one day hr. 4 min.

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

10. Usual occupation housewife

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

MOTHER FATHER  
12. Name Conrad Peaster  
13. Birthplace \_\_\_\_\_ Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Hannah E. Filley  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Shores  
(b) Address Chaffee Mo

17. (a) Burial (b) Date thereof July 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park, Cata Co. Mo

18. (a) Signature of funeral director Bisplinghoff Nob 60 28  
(b) Address Chaffee Mo

19. (a) 7-19-1941 (b) Miss L. Daugherty  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Office No. 2,

District File Number 8-11-1054

Date Filed 8-12-41

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 Mamie Displinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.