

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 18 1941
Registration District No. 219

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31409
Registrar's No.

Primary Registration District No. 4132

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Bunceton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community entire life years, months or days

3. (a) PRINT FULL NAME Clyde Nicholas Shirley
3. (b) If veteran, name war
3. (c) Social Security No. 1

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 14 years

7. Birth date of deceased Dec. 14 1907
(Month) (Day) (Year)

8. AGE: Years 33 Months 8 Days 22
If less than one day _____ hr. _____ min.

9. Birthplace Cooper County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name H. L. Shirley

13. Birthplace Cooper County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Allee

15. Birthplace Moniteau County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant H. L. Shirley

(b) Address Bunceton, Mo.

17. (a) Burial (b) Date thereof 9-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville, Mo.

18. (a) Signature of funeral director L. J. Parker

(b) Address Bunceton, Mo.

19. (a) 9-7-41 (b) Ann Whitaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Bunceton, Mo.
(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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept. day 6
year 1941 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from About, 1927, to Sept-6-, 1941;
that I last saw him alive on Sept 3-, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Central Pneumonia-

Due to Encephalitis-type (?)

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83 f
Of autopsy _____

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 T

23. Signature R. Keely (M. D. or other)

Address Bunceton, Mo. Date signed 9/14/41

Duration 21
PHYSICIAN _____
Underlines the cause to which death should be charged statistically.

178 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-11-41

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.....

Myself
.....
working under my personal supervision.

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

Signed *Lucius F. Parker*

Licensed Embalmer No. *3840*

P. O. Address *Otterville, 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, above space should be left blank.