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1-41
7-39
223390

FILED OCT 24 1941

Registration District No. 830

Primary Registration District No. 4502

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbina Shelby Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 60 yrs. Near life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1941 hour 9:00 minute _____ A.M.
21. I hereby certify that I attended the deceased from Sept 18
18 1941 to Sept 19 1941
that I last saw her alive on Sept 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Due to Septic Tumor
Duration _____

Other conditions
(Include pregnancy within 3 months of death)
430

Major findings:
Of operations _____
Of 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? _____ (Specify type of place)
(e) Means of injury 2

23. Signature J. L. Simpson (M. D. or other) Do
Address Shelbina Mo. Date signed _____

3. (a) PRINT FULL NAME NANNIE LEE THRELKE CO.
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 Husband 6. (c) Age of husband or wife if alive 78 years
George Threlke 25 1865
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Jashin G. Caldwell
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Leah Selba
15. Birthplace Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Glady Barnichal
(b) Address 180 Alhambra St East St Louis

17. (a) Sept 19 1941 (b) Date thereof Sept 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina Cemetery

18. (a) Signature of funeral director Ernest Givan
(b) Address Funerary Services

19. (a) Sept 19 - 41 (b) Beth Joerin
(Date received local registrar) (Registrar's Signature)

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1898

Date Filed OCT 17 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 ME

....., Registered Apprentice No.
working under my personal supervision.

Signed George Givan

Licensed Embalmer No. 1754

P. O. Address Hannecull Mrs.

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.