

FILED NOV 19 1941

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 34778

Registration District No. 259

Primary Registration District No. 4158

Registrar's No.

1. PLACE OF DEATH:
 DeKalb.
 (a) County
 (b) City or town Maysville, Miss.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 At Home.
 (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 Elizabeth Elvemia Shearer.

3. (b) If veteran, name war Widow of Civil War Veteran. 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 Joseph M. Shearer. 6. (c) Age of husband or wife if alive, deceased, years Deceased.

7. Birth date of deceased June 25, 1853.
 (Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Studdenville, Carroll, Ohio.
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

MOTHER FATHER { 12. Name Wm. H. Beatty.
 18. Birthplace Ohio.
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Su therland.
 15. Birthplace Ohio.
 (City, town, or county) (State or foreign country)

16. (a) Informant Harry Shearer.
 (b) Address Maysville, Mo.

17. (a) Burial. (b) Date thereof Oct. 1, 1941.
 (Burial, cremation, or removal) (City or town) (Day) (Year)

(c) Place: burial or cremation Oak Lawn Cem.

18. (a) Signature of funeral director Pulcher Funeral

(b) Address Maysville, Mo

19. (a) 10-20-41 (b) C. J. Zouner
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 32
 (a) State Missouri. (b) County DeKalb. 2
 (c) City or town Maysville. 0
 (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 September, Day 29, 1941.
 year 1941, hour 11, minute 30 P. M.

21. I hereby certify that I attended the deceased from July 12, 1941 to Sept 29, 1941 that I last saw her alive on Sept. 29, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature H. J. Swartz
 Address Maysville - Mo Date signed 10/17/41

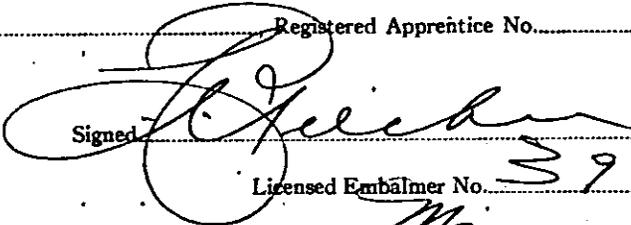
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
 2
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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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed


.....
Licensed Embalmer No. 3960

P. O. Address Mayfield

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.