

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36387

Registration District No. 878

Primary Registration District No. 6158

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town RURAL, Virgil Twp
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Vernon

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME MARGARET E SHIRLEY

3. (b) If veteran, name war _____

3. (c) Social Security No. none

20. DATE OF DEATH: Month Oct day 20
year 1941 hour 3 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Shirley 6. (c) Age of husband or wife if alive DECD years

7. Birth date of deceased APRIL 15 1845
(Month) (Day) (Year)

Immediate cause of death Unknown, but probably coronary occlusion from history.

Due to _____

Due to _____

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

8. AGE: Years 96 Months 6 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Vir
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations 940

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Peter Swope

13. Birthplace Vir
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Burris

15. Birthplace Vir
(City, town, or county) (State or foreign country)

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 Fall

Signature Blaxter Vir (M. D. number) _____

Address Merode Mrs. Date signed 10-29-41

16. (a) Informant Mrs Ida Ryan

(b) Address El Dorado Springs, Mo. R1

17. (a) Burial (b) Date thereof 10-24-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City cemetery El Dorado, Mo.

18. (a) Signature of funeral director Quinn Siders

(b) Address El Dorado Springs, Mo

19. (a) _____ (b) M. S. Schenker
(Date received local registrar) (Registrar's signature)

796 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No: 7,

District File Number

11-41-1886

Date Filed

11-13-41

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

M. D. Swann

Licensed Embalmer No.

2034

P. O. Address

Edorado Springs, 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.