

Registration District No. 194

Primary Registration District No. 1

Registrar's No. 325

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
109 West Stacy St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community 60 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirksville
(If outside city or town limits, write "RURAL")
 (d) Street No. 109 West Stacy St.
(If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Susie T. Shay

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

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

7. Birth date of deceased Dec. 8 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	11	10	hr. min.

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

10. Usual occupation at home

11. Industry or business.....

MOTHER { 12. Name Abraham Everhart
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Barba Ann Shay
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Erma O'Brien
 (b) Address Green Castle Mo.

17. (a) burial (b) Date thereof 11-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shibley Point Cent.

18. (a) Signature of funeral director Overaley
 (b) Address Kirksville Mo.

19. (a) Nov. 25/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
 year 1941 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept 17
 1941 to Nov 18 1941
 that I last saw her alive on Nov 18 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Acute myocardial failure
 Due to Chronic Myocarditis

Due to Debility of old age

Other conditions Fracture of head right femur
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....
186 a
18

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) accident

(b) Date of occurrence Sept. 15/1941

(c) Where did injury occur? Kirksville Adams Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In our home
(Specify type of place)

While at work? no (e) Means of injury fall

23. Signature Richard B. Kelly (M. D. or other) D. P.
 Address Community Nursing Home Date signed 11/21/41

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

2
L-41
-39
K26390

RECEIVED

District Health Officer No. 10

District File Number 12-41-2096

Date Filed DEC 3 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, ~~only~~.....

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

Signed Laura Riley.....

Licensed Embalmer No. 3907.....

P. O. Address Kirksville 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.