S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38018

State File No.

Registration District No. 133 | Primary Registration District No. 4074 | Registrar's No. 10

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

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Bogard Mo
(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 All her Life 81 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll
(c) City or town Bogard
(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.

3. (a) PRINT FULL NAME Hattie Alice Shirley
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 Widowed
6. (b) Name of husband ~~or wife~~ John L. Shirley
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased May (Month) 24 (Day) 1860 (Year)

8. AGE: Years 81 | Months 5 | Days 18 | If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer House keeper
11. Industry or business Own Home
FATHER
12. Name Presley Pitts
13. Birthplace Tennessee (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Goodson
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Everett Shirley
(b) Address Bogard Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Smith
18. (a) Signature of funeral director E. A. Arrows
(b) Address Bogard Mo
19. (a) 11-3-1941 (Date received local registrar) (b) Jane Henderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1941, 9 hour minute P. M.
21. I hereby certify that I attended the deceased from Oct 1, 1941, to Nov 1, 1941
that I last saw her alive on Nov 1, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinoma	1 yr
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. G. Alcorn D.O. (M. D. or other)
Address Bogard, Mo Date signed 11/4/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-11-49

NOV 30 1949

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 E. A. Dickerson

Licensed Embalmer No. 2534

P. O. Address Bogue Miss.

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.

. S. No. 2B
OM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38018

Registration District No. 133 Primary Registration District No. 4074 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Bogard
(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 (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Hattie A. Shirley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 24, 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 15 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
year 1941 hour minute 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.

	Duration
Immediate cause of death Metastatic Carcinoma	
Due to Primary epithelioma of the left lower eyelid.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 53	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature G. G. Alcorn D.O. (M.D. or other)
Address Bogard, Mo Date signed 1/2/42