V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

020
1
0

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10502

Registration District No. 163 Primary Registration District No. 4095 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Spgs 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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar 020
(c) City or town El Dorado Spgs Mo 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. S Park St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOANNE PRICE SHIRLEY

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased JUNE (Month) 30 (Day) 1862 (Year)

8. AGE: Years 79 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Calloway Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name C. R. Cox
13. Birthplace Bowling Green (City, town, or county) Ky (State or foreign country) 1
MOTHER
14. Maiden name Nancy Angeline Freeman
15. Birthplace Montgomery Co (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Leonard Cox
(b) Address 607 N Ash Nevada Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/42 (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Dell
18. (a) Signature of funeral director Nafus Funeral Home
(b) Address El Dorado Spgs Mo
19. (a) March 18, 1942 (Date received local registrar) (b) L T Dunaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1942 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from February 1, 1942 to March 17, 1942 that I last saw her alive on March 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left hip. Duration

Due to a fall while walking.

Due to

Other conditions (Include pregnancy within 3 months of death) 186a 18

Major findings:
Of operations
Of autopsy None

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 020
(b) Date of occurrence Dec. 6, 1941.
(c) Where did injury occur? El Dorado Spgs (City or town), Cedar (County), Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? about her home (Specify type of place)
While at work? No. (e) Means of injury
23. Signature J. R. Williams (M. D. [redacted]) 0
Address El Dorado Spgs, Mo. Date signed 3-18-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-42-336
Date Filed 4-8-42

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 George W. Mafus

Licensed Embalmer No. 2752

P. O. Address El Dorado 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.