

FILED APR 10 1942

State File No.

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 45

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs
(c) Name of hospital or institution: 106 Maple
(d) Length of stay: In hospital or institution all of life
In this community all of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs, Mo
(d) Street No. 106 Maple
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Dorothy Carol Shearer
3. (b) If veteran, name war: _____
3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife: _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 24 1939
(Month) (Day) (Year)

8. AGE: Years 2 Months 10 Days 12
If less than one day: hr. _____ min. _____

9. Birthplace: Excelsior Springs Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: child

11. Industry or business: _____

MOTHER FATHER {
12. Name: Paull L. Shearer
13. Birthplace: Storey Co. Iowa
14. Maiden name: Estie M. Johnson
15. Birthplace: Greene Co. Iowa

16. (a) Informant: Paull L. Shearer
(b) Address: Excelsior Springs Mo.
17. (a) Removal (b) Date thereof: 3-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Scranton, Iowa
18. (a) Signature of funeral director: Claude Erickson
(b) Address: Excelsior Springs, Mo.
19. (a) B-7-42 Mo Sadi Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 6th
year 1942 hour 2 minute 28 P.M.
21. I hereby certify that I attended the deceased from March 3rd 1942 to March 6 1942
that I last saw her alive on March 6-6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Double Bronchial Pneumonia
Due to: severe cold.
Other conditions: 107
(Include pregnancy within 3 months of death)

Major findings: new made
Of operations: _____
Of autopsy: new made

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? _____
(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: John J. Tracy (M. D. or other) M.D.
Address: Excelsior Springs Date signed: 3/7/42

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-9-42

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

Claude Richard

Licensed Embalmer No. 2751

P. O. Address Excelsior 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.