

S. No. 2
-11-10-39
v. 5-17-39
I X21492

21063

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 20 1942

Registration District No. 266

Primary Registration District No. 33-475-349

Registrar's No. 7

33
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Linn 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 _____ (Specify whether _____)
years, months or days

8. (a) PRINT FULL NAME Caroline Shirley

8. (b) If veteran, name war _____ **8. (c) Social Security** No. none

4. Sex Female **5. Color or** White **6. (a) Single, widowed, married,** Married
race **6. (c) divorced**

6. (b) Name of husband or wife Thomas Jacob Shirley **6. (c) Age of husband or wife if** 70 years
alive

7. Birth date of deceased April 9 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John Miller

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

14. Maiden name Jackson

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Gads

(b) Address Turtle, Missouri

17. (a) Burial (b) Date thereof 1/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stone Hill Cemetery

18. (a) Signature of funeral director Carl K. Spencer

(b) Address Salem, Missouri

19. (a) 1-17-42 (b) F. South M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

(c) City or town Turtle, Missouri Linn Twp.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1942 hour 2:30 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from Jan. 13, 1942 to Jan 14, 1942
that I last saw him/her alive on Jan. 14, 1942, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Lobar Pneumonia of Right Lower Lobe

Due to _____

Due to _____

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

Major findings: Of operations 108

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. P. Benson (M. D. or other) MD
Address Salem, Mo. Date signed 1-15-42

1177

RECEIVED

District Health Officer No. 5,

District File Number 442306

Date Filed 7-17-42

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, ~~and~~

....., Registered Apprentice No.

working under my personal supervision.

Signed

Wm. W. McDonald

Licensed Embalmer No.

3806

P. O. Address

Salem, 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, above space should be left blank.