

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 13 1942

Registration District No. 3-6-0361

Primary Registration District No. 5-506

Registrar's No. 3

43
00

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

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town Cross Timbers, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether)

In this community July 21, 1942 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory ⁴³

(c) City or town Cross Timbers, Mo ⁰
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME Grace B. Shrig

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1942 hour 7 minute 10 M. ^a

21. I hereby certify that I attended the deceased from June 17 1942 to June 22 1942
that I last saw her alive on June 21 (9:00 P.M.) 1942
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife John Shrig 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased: Sept 4 1871
(Month) (Day) (Year)

Immediate cause of death: Lobar Pneumonia ^{2 days}

Due to Attack of Cerebral Embolism ^{2 days}

Due to Cerebral Thrombosis ^{3 yrs.}

Other conditions: (Cerebral Sclerosis)
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>18</u>	hr. _____ min. _____

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: _____ ¹⁰⁸

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Wife

11. Industry or business _____

12. Name Wesley Holmes

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

14. Maiden name Ella Gardner

15. Birthplace N. Y. (City, town, or county) (State or foreign country)

16. (a) Informant John Shrig

(b) Address Cross Timbers, Mo

17. (a) burial (b) Date thereof 6/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Timbers

18. (a) Signature of funeral director J. Luckey

(b) Address Wheatland, Mo

19. (a) July 1, 42 (b) Mary T. Carlstrom
(Date received local registrar) (Registrar's signature)

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 7

23. Signature M. H. Vacland (M. D. or other) ⁷ ^{Do.}

Address Cross Timbers, Mo Date signed July 29 1942

RECEIVED

District Health Officer No. 7

District File Number 7-42-730

Date Filed 7-9-42

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.....

Licensed Embalmer No. 9982

P. O. Address Whitland 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.