

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25423
State File No. _____
Registrar's No. 117

Registration District No. 796 Primary Registration District No. 3038

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
225 East Porter
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 weeks years, months or days

3. (a) PRINT FULL NAME Lula O. Shemwell
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. S. Shemwell 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March 10 1876 (Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business ✓

MOTHER FATHER { 12. Name Jacob N. Black
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Mary E. James
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant John L. Green
(b) Address Marshall Mo
17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof July 19 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Arroyo Rest Mo

18. (a) Signature of funeral director Campbell-Cum
(b) Address Marshall Mo

19. (a) 7-18-42 (Date received local registrar) (b) mo T. O. Westhok (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cowan
(c) City or town Blackwater (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17 year 1942 hour 9 minute 30 P M.
21. I hereby certify that I attended the deceased from 6/27/42 19____ to 7/17/42 19____ that I last saw her alive on 7/17/42 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Due to Hypertension and Asthma
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 93e
Of autopsy _____

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 C. J. Karrew (M. D. or other) DO
Address Marshall Mo Date signed 7/18/42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

8-11-42

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, _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Joe N. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall 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.