

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 15 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Shelbyville Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital # 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs 3 mos 28 days  
(Specify whether In this community 2 yrs 3 mos 28 days years, months or days)

3. (a) PRINT FULL NAME

Charazimmar

3. (b) If veteran, name war no

3. (c) Social Security No. no

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

6. (b) Name of husband or wife not given 6. (c) Age of husband or wife if alive not known years

7. Birth date of deceased July 1885  
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation nil

11. Industry or business

12. Name not known

13. Birthplace not known  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Johnson

(b) Address 2615 Patee St. Shelbyville Mo

17. (a) Burial (b) Date thereof Sept 8, 1942  
(Burial, cremation, or funeral) (Month) (Day) (Year)

(c) Place: burial or cremation Common Mo

18. (a) Signature of funeral director W Moore

(b) Address Cameron Mo

19. (a) 9-8-42 (b) Rose Herzog  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton  
(c) City or town Cameron  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6  
year 1942 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan 15 1942 to Sept 6 1942  
that I last saw him alive on Sept 5 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 2 days  
Due to arteriosclerosis of vessels

Due to 83a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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 W Moore (M'Director)  
Address State Hospital # 2 Date signed 9/6/1942

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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**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.....

*C. A. Mason*

Licensed Embalmer No. *1180*

P. O. Address *Cameron 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.**