

FILED MAR 30 1943  
 Registration District No. \_\_\_\_\_

Primary Registration District No. 4499

Registrar's No. 16

1. PLACE OF DEATH:  
 (a) County Shelby  
 (b) City or town Shelbina, Mo.  
 (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 All her life (Specify whether  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Shelby  
 (c) City or town Shelbina  
 (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 \_\_\_\_\_

3. (a) PRINT FULL NAME Mary E. Darley

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

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

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Jan. 3rd, 1865  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>1</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name Fred Steffen  
 13. Birthplace Quincy Ill  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Caroline Fox  
 15. Birthplace Not known  
 (City, town, or county) (State or foreign country)

16. (a) Informant John Darley

(b) Address Shelbina, Mo.

17. (a) Burial (b) Date thereof 3-3-1943  
 (Burial or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director Mellon's Barber  
 (b) Address Shelbina, Mo.

19. (a) March 4 43 (b) Madge Gooch  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28  
 year 1943 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept  
1942 to Feb 28 1943  
 that I last saw her alive on Feb 28 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 3 days

Due to malignant growth of liver 8 months

Due to \_\_\_\_\_

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations H&E  
 Of autopsy \_\_\_\_\_  
 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 J. R. Simpson (M. D. or other) Do  
 Address Shelbina Mo. Date signed 3-4-43

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

102  
 2  
 0

RECEIVED

District Health Officer No. 10

District File Number 383-493

Date Filed 10-10-1943

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

*Henry A. Parkes*

Licensed Embalmer No.

3835

P.O. Address

*Shelburne Vt.*

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.