

REC'D APR 14 1943
Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(c) Name of hospital or institution:
Royal Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. Royal Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH SHORTELL

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Michael Shortell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 27, 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 0 11 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name William Oglo
13. Birthplace Whiteville, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Agee
15. Birthplace Nodway County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Tom McBrien
(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof 2-27-1852
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director _____
(b) Address Richmond, Missouri

19. (a) 3/10 43 (b) Mrs. Mrs. W. Sheppard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1943 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from 7:45 to 7:45, 1943,
that I last saw her alive on March 10, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to arterio-sclerosis
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 83a
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?

23. Signature E. E. [Signature] (M. D. or other) _____
Address Richmond, Mo Date signed 3-11-43

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

110
Health Officer No. 8,
Final File Number _____
Date Filed 4-12-43

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 *E. J. Shuman*

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.