V. S. No. 2
50M—5-42
ov. 5-17-39
P I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18276

FILED MAY 27 1943

Registrar's District No. 7 175 — Primary Registration District No. 4280 3036 — Registrar's No. 152

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. West High St Road
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) Yes
If yes, name country .....

3. (a) PRINT FULL NAME Margaret Shreve
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 Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased December (Month) 30 (Day) 1854 (Year)
8. AGE: Years 83 Months 3 Days 4 If less than one day ..... hr. ..... min.
9. Birthplace ? (City, town, or county) Ind (State or foreign country)
10. Usual occupation Housemaid
11. Industry or business .....
FATHER
12. Name Samuel Shreve
13. Birthplace ? (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Mary Meyer
15. Birthplace ? (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Geo W Shreve
(b) Address Aurora Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/43 (Month) (Day) (Year)
(c) Place: burial or cremation Aurora Mo.
18. (a) Signature of funeral director J. F. King
(b) Address Aurora Mo.
19. (a) 4-9-43 (Date received local registrar) (b) Eunice Greenley (Registrar's signature) amg

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1943 hour 4 minute 10P. M.
21. I hereby certify that I attended the deceased from Mar 22-43, 1943 to April 8, 1943 that I last saw her alive on April 8, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Int. Nephritis	
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 10a

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. A. Herron (M. D. or other)
Address Aurora Mo Date signed April 4-43

(Licensed Embalmer's Statement on Reverse Side)

Herron

RECEIVED
District Health Officer No. 6,
District File Number 543-681
Date Filed MAY 26 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 Herman M. Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.