

19250

V. S. No. 2
SOM-5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 29

FILED MAY 24 1943
Registration District No. 357

Primary Registration District No. 6145

1. PLACE OF DEATH:

(a) County Shelby Co
(b) City or town Shelbina Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Rainedy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 Years (Yes or No)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Shelbina Rural
(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 _____

3. (a) PRINT FULL NAME Lyda Maude Rash

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 Levi R Rash 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 12th 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 9 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Martin

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Lucy E. West

15. Birthplace Shelby, Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Levi R Rash

(b) Address Shelbina Mo.

17. (a) Burial (b) Date thereof 3/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Mo.

18. (a) Signature of funeral director Million + Barkeled
(b) Address Shelbina Mo.

19. (a) April 6, 43 (b) Mudge Good
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23
year 43 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from Mar 18
43, 1943 to Mar 23, 1943

that I last saw her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Fibrillation

Due to _____
Due to _____

Other conditions Dilated Melhho
(Include pregnancy within 3 months of death)
Hypertension

Major findings: Of operations 61
Of autopsy _____

Duration 4hr
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 A. M. Wood (M. D. or other)
Address Shelbina Mo Date signed 4/6/43

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

RECEIVED

District Health Officer No. 10

District File Number 5-43-890

Date Filed MAY 21 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. Buckelew

Licensed Embalmer No. 3835

P. O. Address Helena - 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.