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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38817

State File No. _____

Registration District No. 26-1

Primary Registration District No. 2045 5857

Registrar's No. 180

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Maryville (Rural) Green TIA
(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 _____
 In this community 63 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Maryville (Rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. 5 1/2 miles N.W.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Martha Jane Shell
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____
no

4. Sex female **5. Color or race** wh
6. (a) Single, widowed, married, 2 divorced WIDOWED
6. (b) Name of husband or wife O.L. Shell **6. (c) Age of husband or wife if** _____
alive _____ years
7. Birth date of deceased Oct. 23 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months _____ Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Cortland Ind. (State or foreign country)
housewife

10. Usual occupation _____

11. Industry or business myers

MOTHER FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN (City, town, or county) (State or foreign country)
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Maryville Mo.

(b) Address burial
17. (a) burial (Burial, cremation, or removal) **(b) Date thereof** 11-11-43
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.

19. (a) Nov. 24 - 43 (Date received local registrar) **(b)** Miss Barber (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. 9 day 9
 year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from occasionally
for past 2 years 19____ to _____ 19____
 that I last saw h. _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Sarctic hemorrhage Duration 1 day

Due to Cancer of stomach

Due to _____

Other conditions 46 lb
(Include pregnancy within 3 months of death)
Major findings:
 Of operations _____
 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? _____

While at work? _____ (Specify type of place) **(e) Means of injury** _____

23. Signature W.R. Fisher (M. D. or other)
Address Marquille **Date signed** 11-11-43

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

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 Wm L Gee

Licensed Embalmer No. 2539

P. O. Address Maryville 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.