

DR. DINGESS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41717  
Registrar's No. \_\_\_\_\_

FILED JAN 10 1949  
Registration District No. 77

Primary Registration District No. 5130

1. PLACE OF DEATH:

(a) County BUCHANAN  
(b) City or town RUSHVILLE Rushville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. NO. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 85 YEARS (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN  
(c) City or town RUSHVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. NO. 1  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY ELIZABETH SHEARER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife NATHANIEL ALPHIUS SHEARER 6. (c) Age of husband or wife if alive WR years

7. Birth date of deceased JULY 20, 1852  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 4 1 hr. min.

9. Birthplace UNKNOWN NEW YORK  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

12. Name J. W. AMES

13. Birthplace UNKNOWN NEW YORK  
(City, town, or county) (State or foreign country)

14. Maiden name JANE RAWLEIGH

15. Birthplace UNKNOWN NEW YORK  
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Shearer

(b) Address RUSHVILLE, MO.

17. (a) BURIAL (b) Date thereof 11-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUGAR CREEK

18. (a) Signature of funeral director Wm S Benton

(b) Address ATCHISON, KANSAS

19. (a) 11/24/43 (b) Opal E. Jensen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 21  
year 1943 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from 10-26-43 to NOV. 21  
that I last saw HER alive on NOV 19 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to Senility

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

Other conditions (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 M. T. Dingess (M. D. or other) M.D.

Address ATCHISON, MO Date signed 11-23-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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. S. Stanton, Jr.* .....

Licensed Embalmer No..... *3778* .....

-----P. O. Address..... *A.T.C.H.I.S.O.N., KANSAS* .....

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.