

No. 2
1-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42585**

Registration District No. **150**

Primary Registration District No. **5572**

Registrar's No. **141**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Rural Prairie**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Jackson County Emergency Hosp.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days**
(Specify whether)

In this community **-**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Texas** (b) County **Miami**

(c) City or town **La Cyane**
(If outside city or town limits, write "RURAL")

(d) Street No. **RR #1**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **-**

3. (a) PRINT FULL NAME **Mary Etta Wilshire**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **7**
year **43** hour **6:30 P** minute **M.**

21. I hereby certify that I attended the deceased from **Common**

that I last saw him **-** alive on **-** 19**-**
and that death occurred on the date and hour stated above.

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Frank Wilshire**

6. (c) Age of husband or wife if alive **-** years

7. Birth date of deceased **June 6 - 1867**
(Month) (Day) (Year)

Immediate cause of death: **Crushing injury of chest; Fracture of ribs**

Due to **Struck by motor car**

Due to **Coronary heart disease**

Other conditions **-**
(Include pregnancy within 3 months of death)

8. AGE: Years **76** Months **5** Days **1**
If less than one day **-** hr. **-** min.

9. Birthplace **Mt Zion** **Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

Major findings: **1700**

Of operations **-**

Of autopsy **See above**

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

11. Industry or business **-**

12. Name **John Higman**

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

14. Maiden name **Margaret Hostler**

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

16. (a) Informant **Mrs Ruby Oliphant**

(b) Address **La Cyane, Tex**

17. (a) **Burial** (b) Date thereof **11-10-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **La's Burial Home**

18. (a) Signature of funeral director **N.B. Langford**

(b) Address **La's Burial Home**

19. (a) **Nov. 8-1943** (b) **F.M. Schuch**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 136**

(b) Date of occurrence **11/3/43**

(c) Where did injury occur **Highway 69, Texas**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway

While at work **No** (Specify type of place) (e) Means of injury **Struck by**

23. Signature **Joseph** (M. D. or other) **11/10/43**

Address **La Cyane** Date signed **11/10/43**

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

MOTHER FATHER

116.2

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 N. B. Langford
Licensed Embalmer No. 3233
P. O. Address Leis Summit

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.