

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10727

FILED MAR 20 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 5292

Registrar's No. 33

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town SMITHVILLE, MO. R.F.D.
(c) Name of hospital or institution: HOME Photo Image
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 18 MONTHS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CLAY
(c) City or town SMITHVILLE, MO. R.F.D.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ETHEL SHOCKLEY

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 O. E. SHOCKLEY 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased JUNE 24 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace ST. JOSEPH, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business FARM

MOTHER FATHER

12. Name JOHN W. HARPER
13. Birthplace ST. JOSEPH, MO.
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant O. E. SHOCKLEY
(b) Address SMITHVILLE, MO.

17. (a) Funeral City? (b) Date thereof 3/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation KANSAS CITY, KAN.

18. (a) Signature of funeral director McComas Funeral Home
(b) Address Smithville, Mo.

19. (a) Mar 12-1944 (b) Rush N. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 12 year 1944 hour 5:15 minute _____ a. m.

21. I hereby certify that I attended the deceased from Jan 3 1944 to Mar 12 1944
that I last saw her alive on March 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Grandeur & R. infarction
facture
Due to Ferruginous anemia

Due to Cardio vascular
renal disease

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 2

23. Signature Dr. R. E. Smith (M. D. or D. O.)
Address Smithville, Mo. Date signed 3/12/44

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-27-44

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..... *S. A. McComas*.....

Licensed Embalmer No. *2303*

P. O. Address *Smithville, 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.