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

FILED JUL 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21510

Registration District No. 120 | Primary Registration District No. 4198 | Registrar's No. 77

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town King City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 58

2. USUAL RESIDENCE OF DECEASED: 38

(a) State Mo. (b) County Gentry

(c) City or town King City Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary Elizabeth Tunnell.

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female 1

5. Color or race Cau

6. (a) Single, widowed, married, divorced Widow.

6. (b) Name of husband or wife James W.

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

7. Birth date of deceased Feb. (Month) 10 (Day) 1865 (Year)

8. AGE: Years 79 | Months 4 | Days 21 | If less than one day hr. min.

9. Birthplace Jacksonville (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Housework.

11. Industry or business " "

MOTHER FATHER

12. Name Sylvester Shepherd.

13. Birthplace Jacksonville (City, town, or county) Ill. 1 (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Loise Hoffman.

(b) Address Jacksonville Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 3 (Day) 1944 (Year)

(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R. G. Taggart

(b) Address King City Mo.

19. (a) July 8-1944 (Date received local registrar) (b) Homer N. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1944 hour 11 minute 1 A M

21. I hereby certify that I attended the deceased from June 25, 1944 to July 1, 1944 that I last saw her alive on June 30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus & large Colon

Duration

Due to

Due to

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

Major findings:
Of operations

Of autopsy

H & P

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Jack A. Barnes (M. D. or other) D.O.

Address King City, Mo. Date signed 7/1/44

(Licensed Embalmer's Statement on Reverse Side)

1168

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.