

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 1 1944

Registration District No. 0

Primary Registration District No. 4021

Registrar's No. 28-28

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

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Ladsonia, Mo
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Audrain
(c) City or town Ladsonia
(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 ELIZABETH ANN SHOTWELL
3. (b) If veteran, name war: -
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 10
year 1944 hour 2 minute 55 P.M.
21. I hereby certify that I attended the deceased from Aug 8 1944 to Aug 10 1944
that I last saw her alive on Aug 10 1944
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced widow
7. Birth date of deceased: May 29 1881
(Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion Duration 18 hrs

8. AGE: Years 63 Months 2 Days 12
If less than one day _____ hr. _____ min.

Due to Coronary Thrombosis 2 day
Due to Chronic Myocarditis 1 yr.

9. Birthplace Montgomery Co. Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 93d

10. Usual occupation Housewife

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business Home

12. Name David J. Gilbert

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

14. Maiden name Mary B. Ogden

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

16. (a) Informant William Gilbert

(b) Address Ladsonia, Mo.

17. (a) burial (b) Date thereof Aug 12-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ladsonia, Mo.

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. W. Perkins (M. D. or other) DO
Address Ladsonia, Mo. Date signed 8-12-44

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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.....
H. G. Granger..... Registered Apprentice No.....
working under my personal supervision.

Signed.....
H. G. Granger

Licensed Embalmer No.....
1297

P. O. Address.....
Ladonia, 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.