

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 13 1944

Registration District No. 260

Primary Registration District No. 6225

Registrar's No. 160

1. PLACE OF DEATH

(a) County Wray
(b) City or town West Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-23-44
In this community yes (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
(c) City or town Jasper 105
(If outside city or town limits, write "RURAL")
(d) Street No. 2nd St 202
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ZOODA LAMARR

3. (b) If veteran, name war L 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Bethany Mo (City, town, or county) no (State or foreign country)

10. Usual occupation housewife

11. Industry or business None

12. Name Joseph Shadwick

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

14. Maiden name Julia Ann Selby

15. Birthplace no (City, town, or county) (State or foreign country)

16. (a) Informant James H. La Marr

(b) Address Jasper, Mo

17. (a) buried (b) Date thereof 9-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jasper Mo

18. (a) Signature of funeral director Raymond Home

(b) Address Nevada Mo

19. (a) 9-28-44 (b) W. B. Beach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1944 hour ✓ minute _____ a. M.

21. I hereby certify that I attended the deceased from Oct 1 1943 to Sept 28 1944
that I last saw her alive on Sept 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death meningo-encephalitis

Duration

?

Due to ✓

Due to _____

Other conditions Epilepsy Abusive -1
(Include pregnancy within 3 months of death)

Major findings: Of operations §10

Of autopsy none

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 _____

23. Signature R. H. Hall (M. D. or other)

Address Nevada Mo Date signed 9/29/44

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

MOTHER FATHER

1331

RECEIVED

DEPT. OF HEALTH

DIVISION

Date Filed

Case No. 7

9-44-1176

10-11-44

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed L. B. Ferry

Licensed Embalmer No. 1768

P. O. Address Nevada 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.