

S. No. 2  
OM-2-43  
v. 5-17-39  
F-1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38984  
State File No.

FILED DEC 15 1944  
Registration District No. 537

Primary Registration District No. 6139

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbyville (rural)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Shelbyville rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles north west  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nancy J. Waibel

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb - 15 - 1861  
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Quincy Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name Martin Perrigo

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

14. Maiden name N. Curlis

15. Birthplace uk Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Emily Waibel

(b) Address Lakeway Mo.

17. (a) burial (b) Date thereof Nov-17-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Prairie, Shelby County.

18. (a) Signature of funeral director Miss J. W. Hudson

(b) Address Edina Missouri

19. (a) Dec 15 1944 (b) Madge Good  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1944 hour 7:20 minute P. M.

21. I hereby certify that I attended the deceased from Nov 10 1944 to Nov 15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia complicated with coronary disease of heart

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other Conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Gladys Bowler (M. D. or other) DO  
Address Shelbyville Date signed Nov 20 1944

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

MOTHER FATHER

1095

RECEIVED  
District Health Officer No. 109  
District No. 12-44-1977  
Date Filed DEC 13 1944

**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 Keith Hudson  
Licensed Embalmer No. 2415  
P. O. Address Edina, Minn

**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.**