

FILED DEC 22 1944

Registration District No. 3/6

Primary Registration District No. 6075

Registrar's No. 216

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bradington Mo
(If same city or town limits write "RURAL" and name of township)

(c) Name of hospital or institution St. Joseph's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

(c) City or town Bradington
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY JANE SHEYILLS

3. (b) If veteran, name war No. _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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 Nov 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>11</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER

12. Name William Binkley

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

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Sheyills

(b) Address Bradington Mo

17. (a) Burial (b) Date thereof 11-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Joe Dlesner

(b) Address Flat River Mo

19. (a) 11-14-44 (b) Joseph Sheyills
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7th
year 1944 hour 10 PM minute _____ M.

21. I hereby certify that I attended the deceased from Nov-10
1943 to Nov 7 1944
that I last saw her alive on Nov 7th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to High Blood Pressure

Due to infirmitas of old age

Other conditions (Include pregnancy within 3 months of death) 30

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 _____

23. Signature J. W. Gale (M. D. or other) _____
Address Bismarck Mo Date 11-8-44

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

14
00
0

RECEIVED

District Health Officer No. 4
District File Number 1244-4693
Filed 12-20-44

DEC 22 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 Joe Diener
Licensed Embalmer No. 970
P. O. Address Stat River 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.