

5. No. 2
7-8-43
5-17-39
X37823

2736

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 15 1945
Registration District No. 170

Primary Registration District No. 5632

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Oakland DAENI OVER
(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 _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede ⁵³

(c) City or town Oakland Rural ¹⁰
(If outside city or town limits, write "RURAL") ⁰

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

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

3. (a) PRINT FULL NAME Sarah Jane Shadel

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1945 hour 9 minute _____ A.M.

4. Sex F

5. Color or race w

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

6. (b) Name of husband or wife J. A. Shadel

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

7. Birth date of deceased July 28 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 18, 1944 to Jan 1, 1945
that I last saw her alive on Dec 31, 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>3</u>	_____ hr. _____ min.

Immediate cause of death Chronic - interstitial -
WZ phytosis.

Due to _____

Due to _____

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

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

Major findings: 131a
Of operations _____

Of autopsy _____

10. Usual occupation Housewife

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Chas nurse 4

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Jane Whitmarsh

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Shadel

(b) Address Oakland Mo.

17. (a) Burial (b) Date thereof 1-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Mo.

18. (a) Signature of funeral director W.E. Holman

(b) Address Letanong Mo.

19. (a) 1-4-45 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

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? _____

(c) Place: burial or cremation Oakland Mo.

18. (a) Signature of funeral director W.E. Holman

(b) Address Letanong Mo.

19. (a) 1-4-45 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W.T. Schmitt (M. D. or other) _____
Address Monroe Mo Date signed 1-1-45

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

3003

1090

(Licensed Embalmer's Statement on Reverse Side)

Received

Laclede County Health Unit

File No. 1-45-2

Date Filed 2/14/45

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.