. No. 2
—8-43
5-17-39
I X37823

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

4
0
0

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37906

FILED NOV 20 1945

Registration District No. 207

Primary Registration District No. 3043

Registrar's No. 304

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Rural - Mason township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3725 West Ely Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 57 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

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

(d) Street No. 3725 West Ely Road
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Rosetta Harrell

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife George Harrell

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

7. Birth date of deceased November (Month) 8 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	11	5	— hr. — min.

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

10. Usual occupation housewife

11. Industry or business ____

FATHER
12. Name William Henry Shade
13. Birthplace unknown (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Lucinda Null
15. Birthplace unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. William Short

(b) Address 3725 W. Ely Rd., Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Roy P. Schwartz

(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 10-19-45 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1945 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept-20, 1945 to Oct 13, 1945
that I last saw her alive on Oct 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis 3 weeks

Due to arterial atheroma

Due to Senility

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

Major findings:
Of operations no

Of autopsy 94 W

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 no

(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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature [illegible] (M. D. or other)

Address Hannibal Mo Date signed 10-16-45

1394 (Licensed Embalmer's Statement on Reverse Side)

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 George T. Bond

Licensed Embalmer No. 4373

P. O. Address: Hannibal, 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.