. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41079

FILED JAN 11 1946

Registration District No. 10 Primary Registration District No. 4173 Registrar's No. 36

1. PLACE OF DEATH:

(a) County: Douglas

(b) City or town: Ava, Missouri
(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 years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Douglas 34

(c) City or town: Ava? ~~RURAL~~ 1
(If outside city or town limits, write "RURAL")

(d) Street No. ____ 0
(If rural, give location)

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

3. (a) PRINT FULL NAME: Shirley Devon Medlock

3. (b) If veteran, name war ____

3. (c) Social Security No. No

4. Sex: Female /

5. Color or race: White

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased: March 14, 1944 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
1	9	5	____ hr. ____ min.

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

10. Usual occupation: Child

11. Industry or business ____

FATHER
12. Name: Floyd Medlock
13. Birthplace: Ava, Missouri (City, town, or county) U (State or foreign country)

MOTHER
14. Maiden name: Effie Harvey
15. Birthplace: Brushyknob, Missouri (City, town, or county) U (State or foreign country)

16. (a) Informant: Floyd Medlock
(b) Address: Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Ava

18. (a) Signature of funeral director: Clinkingbeard Funeral Home
(b) Address: Ava, Missouri

19. (a) Dec. 30 1945 (Date received local registrar) (b) Vestal Bushman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19 year 1945 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw him alive on 12-19, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Toxemia	24 hrs
Due to: Acute Streptococcic Tonsilitis	24 hrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Acute Myocarditis	[illegible]

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: M. C. Gentry M.D. (M. D. ~~or other~~)
Address: Ava Mo Date signed 12-27-45

1441 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 146-50
Date Filed JAN 9 1946

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 W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Ava 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.