S. No. 2
1—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4274

FILED JAN 30 1946

Registration District No. 539 Primary Registration District No. 4499 Registrar's No. 98

1. PLACE OF DEATH:
(a) County Shelby County
(b) City or town Shelbina, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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) Entire life
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby 102
(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Iola Catherine Mefford
3. (b) If veteran, name war X
3. (c) Social Security No. X
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 July 18th, 1871 (Month) (Day) (Year)
8. AGE: Years 74 Months 4 Days 29 If less than one day hr. min.
9. Birthplace Shelby County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Newton S. Wingate
13. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Virginia S. Kidwell
15. Birthplace Shelby County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Floyd Mefford
(b) Address Lentner Missouri
17. (a) Burial (Burial, cremation, removal) (b) Date thereof 12-21-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cemetery
18. (a) Signature of funeral director Million & Barkelew
(b) Address Shelbina, Missouri
19. (a) 1-5-46 (Date received local registrar) (b) Ruth Jaquer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th year 1945 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from 9-3-45, 19..., to 12-15-45, 19...; that I last saw he alive on 12-15-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
malignant tumor in abdomen	9 mo.
Due to Exact nature not ascertained	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 5 lbs
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 A. M. Hood (M. D. or other)
Address Shelbina Mo Date signed 12-29-45

(Licensed Embalmer's Statement on Reverse Side)

307

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

100897

RECEIVED
District Health Officer No. 10
District File Number 1-46-244
Date Filed JAN 28 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 E. W. Hawkins

Licensed Embalmer No. 3498

P. O. Address Phillips Miss

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.