

FILED APR 25 1946

Registration District No. _____

Primary Registration District No. **4194**

Registrar's No. **28**

1. PLACE OF DEATH:

(a) County **Sentry**
(b) City or town **Albany**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Sentry**
(c) City or town **Albany**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Effie May Yador**

3. (b) If veteran's name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **10**
year **1946** hour **11** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Feb 14** 1946 to **Mar 9** 1946
that I last saw her alive on **Mar 9** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of heart**
Due to **acute endocarditis**

Duration

1 hr - 6 wks.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **950**

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 **C. J. Pray, Jr. M.D.** (M.D. or other)
Address **Albany, Mo.** Date signed **3-12-46**

4. **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (c) Age of husband or wife if alive **72**
7. Birth date of deceased **June 10 1858**
(Month) (Day) (Year)

8. AGE: Years **67** Months **9** Days **0**
If less than one day: hr. _____ min. _____

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

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Thomas J. Shisler**
13. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Vasti Christie**
15. Birthplace **Unknown Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **John A. Yador**

(b) Address **Albany Mo**

17. (a) **Burial** (b) Date thereof **3-19-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **High Ridge Cem**

18. (a) Signature of funeral director **Chifton Burke**

(b) Address **Albany Mo**

19. (a) **March 15-1946** (b) **Home M. Miller**
(Date received local registrar) (Registrar's signature)

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

7976

NOV 1 0 1958

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Latiff Burch

Licensed Embalmer No. 3329

P. O. Address Albany 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.