

Registration District No. **237** **8 1946**

Primary Registration District No. **6140**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **SHELBY**
(b) City or town **CLARENCE RFD**
(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:
In this community **LIFE TIME**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby 102**
(c) City or town **Clarence RFD**
(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 **ELIZABETH SHALE**

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **FEMALE** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **WIDOW**
6. (b) Name of husband or wife **WKB. SHALE**
6. (c) Age of husband or wife if alive **DECEASED** years
7. Birth date of deceased: **3 - 1857**
(Month) (Day) (Year)

8. AGE: Years **88** Months **11** Days **6**
If less than one day hr. min.

9. Birthplace **Toronto, CANADA** (City, town, or county) **can** (State or foreign country)

10. Usual occupation **HOUSE KEEPER**

11. Industry or business
12. Name **ROBERT JOHNSON**
13. Birthplace **NOT KNOWN** (City, town, or county) (State or foreign country)
14. Maiden name **NOT KNOWN**
15. Birthplace (City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **Mrs. Iva Adams**
(b) Address **Clarence MO**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-8-46** (Month) (Day) (Year)
(c) Place: burial or cremation **Union Cem.**

18. (a) Signature of funeral director **William B. Boshen**
(b) Address **Clarence MO**
19. (a) **Nov 5-46** (Date received local registrar) (b) **Clarence Jaynes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **6th**
year **1946** hour **5 am** minute M.

21. I hereby certify that I attended the deceased from **3 1946** to **6 1946**
that I last saw him alive on **Feb 4 1946**
and that death occurred on the date and hour stated above

Immediate cause of death **Cerebral apoplexy**
Duration **33 days**
Arteriosclerosis
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: **gsw**

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) (b) Means of injury
23. Signature **D. J. Hailan** (M. D. or other) **Clarence MO**
Address

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

10835

1946
100
100
100
100

RECEIVED
Health Officer No. 10
3-16-453
MAR 13 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 *Derry A. Barkelee*
Licensed Embalmer No. *3835*
P. O. Address *Shelburne 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.