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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14163

Registration District No. 294 Primary Registration District No. 6008 Registrar's No. 64

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Rural Prairie (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD#1 Clark (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 70 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. RFD#1 Clark (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPHINE MICHAELS
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Samuel Andrew Michaels
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) - 5 (Day) - 1869 (Year)

8. AGE: Years 76 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Macon Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name John Shirley
13. Birthplace Randolph Co (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary A. Deskin
15. Birthplace Randolph Co (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Dwight Michaels
(b) Address Moberly Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar (Month) - 14 (Day) - 46 (Year)
(c) Place: burial or cremation Deskin's Cemetery
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Missouri
19. (a) Mar-14-46 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1946 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from March 7, 1946, to March 12, 1946 that I last saw her alive on March 12, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 H. G. Gwyn Gatts (M. D. or other)
Address Moberly Date signed 3/13/46

264 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
City Health Officer No. 10
District File Number 4-46-830
Date Filed APR 22 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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.