

FILED MAY 27 1946

Registration District No. 3371

Primary Registration District No. 4299

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

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2
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1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbina
(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 13 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jacob Eugene Mortimore

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

4. Sex Male (1) 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 May 22nd 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 17
If less than one day _____ hr. _____ min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Railroad Workmen

MOTHER FATHER {

12. Name Adam Mortimore 9

13. Birthplace Not Known 1
(City, town, or county) (State or foreign country)

14. Maiden name Not Known 9

15. Birthplace |||||
(City, town, or county) (State or foreign country)

16. (a) Informant John M Dawkins

(b) Address Shelbina Mo.

17. (a) Burial (b) Date thereof 4/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverton Iowa

18. (a) Signature of funeral director Million & Barkeley
Shelbina Mo

(b) Address _____

19. (a) April 10-46 (b) Ruth Joyner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Shelbina
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1946 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept. 15
1945 to Apr. 9 1946;
that I last saw h./M. alive on Apr. 9 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Thrombosis 24 hr.

Due to High Blood Pressure 2 yrs.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 9/4

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 2 DO.

23. Signature R. L. Caldwell (M.D. or other) DO.
Address Shelbina, Mo. Date signed Apr. 10/46

RECEIVED

District Health Officer No. 10

District File Number 5-46-1036

Date Filed MAY 23 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 Henry G. Barkelwed

Licensed Embalmer No.....

P. O. Address.....

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.