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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26775

Registration District No. 107

Primary Registration District No. 30-1-95422

Registrar's No. 158

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

25621

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Rural
(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 ..... (Specify whether
In this community 2years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35

(c) City or town Kennett Rural 0
(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) 0

If yes, name country .....

3. (a) PRINT FULL NAME Martha A. Shell

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

3. (c) Social Security No. .....

4. Sex F /

5. Color or race W

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 Feb (Month) 17 (Day) 1859 (Year)

8. AGE: Years 87 Months 1 Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation House Wife

11. Industry or business .....

FATHER
12. Name Enos Galloway
13. Birthplace Un known (City, town, or county) Ky / (State or foreign country)

MOTHER
14. Maiden name Martha Dulaney
15. Birthplace Un Known (City, town, or county) Ky / (State or foreign country)

16. (a) Informant M L. Crites
(b) Address Kennett Mo-R I

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 20 (Day) 46 (Year)
(c) Place: burial or cremation Lutesville Mo

18. (a) Signature of funeral director A. J. Baker
(b) Address Lutesville Mo

19. (a) 8-18-1946 (Date received local registrar) (b) Carl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 18 year 1946 hour 2 minute 40 p.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	48 hr.
Due to Hypertensive cardio-vascular renal disease	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

13/a

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 3

23. Signature Walter A Hawkins (M. D. or other) Coe
Address Kennett Mo Date signed 8-18-46

(Licensed Embalmer's Statement on Reverse Side)

90

RECEIVED
District Health Office No. 2,
District File Number 846-100
Date Filed 8-26-46

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.....

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.