

S. No. 2
OM-543
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35842

State File No. _____

Registration District No. 337

Primary Registration District No. 4499

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Shelby County
 (b) City or town Shelbina, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X
 In this community Sixty years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
 (c) City or town Shelbina, Mo. 2
 (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 Dock Kiner
 3. (b) If veteran, name war X
 3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th
 year 1946 hour 11 minute 55 P.M.
 21. I hereby certify that I attended the deceased from Sept 30
1946 to Oct 16 1946
 that I last saw him alive on Oct - 16 1946
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Black
 6. (a) Single, widowed, married, divorced. Widowed
 6. (b) Name of husband or wife Deceased
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: April 21st 1859
 (Month) (Day) (Year)

Immediate cause of death: Apoplexy
 Duration: 2 da
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 83A
 Of operations: _____
 Of autopsy: _____

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>5</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation: Laborer

11. Industry or business: II

MOTHER FATHER {
 12. Name Not known
 13. Birthplace Not known
 (City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Not known
 (City, town, or county) (State or foreign country)

16. (a) Informant Luther Sparks
 (b) Address Shelbina, Mo.

17. (a) Burial (b) Date thereof 10-20-1946
 (Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director Million & Barkelew
 (b) Address Shelbina, Mo.

19. (a) Oct 29 46 (b) Quich Jayne
 (Date received local registrar) (Registrar's signature)

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 D. H. Simpson (M. D. or other) 100
 Address Shelbina, Mo. Date signed 10-27-46

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

34664

307

RECEIVED
District Health Officer No. 10
District File Number 18-46-2001
Date Filed NOV - 8 1945

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..... *W. Hawkins*

..... Licensed Embalmer No. *3498*

P. O. Address..... *Albion, 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.