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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41424**
Registrar's No. **60**

Registration District No. **227**

Primary Registration District No. **4339**

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

1. PLACE OF DEATH:

(a) County **MONROE**
(b) City or town **PARIS**
(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 years, months or days) **36 YEARS**

3. (a) PRINT FULL NAME **NANCY SHOVEY**

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

4. Sex **FEMALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **CHARLEY SHOVEY** 6. (c) Age of husband or wife if alive **L** years

7. Birth date of deceased **JUNE 5 1872**
(Month) (Day) (Year)

8. AGE: Years **74** Months **6** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **ELLSBERRY MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **MAID**

11. Industry or business **HOME**

MOTHER FATHER

12. Name **ENOCH WEBSTER**

13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name **SALLY ANN COLE**

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

16. (a) Informant **Mrs. Bernard Williams**

(b) Address **4388 ST. LOUIS AVE. ST. LOUIS, MO.**

17. (a) **BURIAL** (b) Date thereof **DEC 14 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE**

18. (a) Signature of funeral director **Sachs & Blahney**

(b) Address **Paris, Mo.**

19. (a) **12-12-46** (b) **Ellen B. ...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **MONROE** **69**
(c) City or town **PARIS** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? **NO** (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **11TH**
year **1946** hour **2** minute **50** P.M.

21. I hereby certify that I attended the deceased from **DEC 11 1946**
that I last saw her alive on **DEC 11 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis** Duration **10 years**

Due to _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **Geo W. ...** (M. D. or other)
Address **Paris, Mo.** Date signed _____

RECEIVED
District Health Officer No. 10
District File Number 1-47-44
Date filed JAN - 7 1947

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..... E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address..... Paris, Missouri.

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.