

No. 2
5-43
5-17-39
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THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH.

State File No. 7824
Registrar's No. 17

FILED APR 25 1947
Registration District No. 25

Primary Registration District No. 4036

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

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rich Hill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 417 Myrtle St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Goldie Tatreau Shrike

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 M

6. (b) Name of husband or wife John Shrike 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 18 1897
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 12 If less than one day hr. min.

9. Birthplace York Co Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant John Shrike

(b) Address Rich Hill, Mo.

17. (a) Burial (b) Date thereof 4-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Blith

(b) Address Rich Hill, Mo

19. (a) Apr. 1, 1947 (b) Mrs. Edna Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. 417 Myrtle St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1947 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from March 16 1947 to March 30 1947
that I last saw him alive on March 30 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Subar hemorrhage

Due to _____

Due to Stymenben

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

Major findings: 83A

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 James J. [unclear] (M. D. or _____)

Address [unclear] Date signed Apr 1 1947

RECEIVED
District Health Officer No. 7,
3-27-428
District File Number 4-8-47
Date Filed

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.....

Harold M. Douglas, Registered Apprentice No. *410*
working under my personal supervision.

Signed *John Glendon*
Licensed Embalmer No. *3585*
P. O. Address *Butler 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.