

S. No. 2  
DM 8-43  
v. 5-17-59  
P 1 237823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7845

Registration District No. 32

Primary Registration District No. 5713

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Bollinger

(b) City or town 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 Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger

(c) City or town Rural  
(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 Mary Telitha Shirley

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29  
year 1947 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Mar 15th  
1947 to Mar 29th 1947

that I last saw her alive on Mar 28th 1947  
and that death occurred on the date and hour stated above.

4. Sex F 1 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 19 1866  
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years 80 Months 8 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions Injury rec'd in fall ✓  
(Include pregnancy within 3 months of death)

Major findings: Some time necessary

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation School teacher

11. Industry or business \_\_\_\_\_

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 \_\_\_\_\_

MOTHER FATHER

12. Name John Anderson Shirley

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

14. Maiden name Hannah Long

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

16. (a) Informant John C. Shirley

(b) Address St. Dennis Mo.

17. (a) Burial (b) Date thereof 3/30/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patton Mo.

18. (a) Signature of funeral director McComb Funeral Co

(b) Address Jackson Mo.

19. (a) Apr 3-1947 (b) Miss Ann O'burgh  
(Date received local Registrar) (Registrar's signature)

23. Signature Edwin C. Gies (M. D. or other) \_\_\_\_\_

Address Nedonville Mo. Date signed 3/30/47

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

RECEIVED

District Health Officer No. 4  
District File Number 447-509  
Date Filed 4-9-47

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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..... *B. H. Meyer*  
Licensed Embalmer No. 3957  
P. O. Address Jackson, 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.**