

S. No. 2
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P. 1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13321

FILED APR 23 1947

Registration District No. 143

Primary Registration District No. 5560

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Rural- Willow Springs Twps.
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Rural- Willow Springs R#1, Mo.
(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 Pearl Wilder SHAY

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

3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1947 hour 9:10 minute P. M.

21. I hereby certify that I attended the deceased from
24 March, 1947, to 25 March, 1947
that I last saw her alive on March 25, 1947
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Emory Earl Shay

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug 14, 1900
(Month) (Day) (Year)

Immediate cause of death Pulmonary edema Duration 24 hrs

Due to Cardiac failure and Cerebral hemorrhage

Due to Hypertension and chronic interstitial nephritis

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

46	7	11	hr. min.
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PHYSICIAN

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

Underline the cause to which death should be charged statistically.

9. Birthplace Hillman, Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Alfred Wilder

13. Birthplace Canada
(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 E.E. Shay,

(b) Address Willow Springs, R#1, Mo.

17. (a) Burial (b) Date thereof 3/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dry Creek Cemetery

18. (c) Signature of funeral director Burns Funeral Home,
Willow Springs, Mo.

19. Mar. 28, 1947 Michelle Ballard
(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 Thomas J. Francisco (M. D. or other) D.O.
Address Willow Springs, Mo. Date signed 26-3-47

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

46
0
0

38

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number

447223

Date Filed

4-21-47

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.....

Fred William Barnes

Registered Apprentice No. **413**

working under my personal supervision.

Signed.....

Thomas R. Burns
Thomas R. Burns

Licensed Embalmer No. **4214**

P. O. Address **Willow Springs, 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.