

FILED MAY 9 1947

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Elizabeth Hospital
 (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 Ralls
 (c) City or town Hannibal
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.R. # 4
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT

FULL NAME Rosa Ferrell Shores

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ira C. Shores 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased October 20, 1873
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>73</u> | <u>6</u> | <u>7</u> | hr. min. |

9. Birthplace Hydesburg, Ralls County, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

12. Name Henry F. McPherson

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

14. Maiden name Florida Surghnor

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

16. (a) Informant Ira C. Shores

(b) Address R.R. # 4 Hannibal Missouri

17. (a) Burial (b) Date thereof 4/29/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood, Palmyra Mo.

18. (a) Signature of funeral director [Signature]

(b) Address 902 Broadway Hannibal Missouri

19. (a) 4-28-47 (b) Dr E M Becker
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
 year 1947 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Thrombosis

Due to Diabetic Sanguine with feet

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

1 day

3 days

2 days

20 years

20 years

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 [Signature] (M: D: or other) MD

Address [Address] Date signed 4/28/47

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

2
45
39
47070

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.....

.....Lyman D. Steele....., Registered Apprentice No. 460
working under my personal supervision.

Signed *H. Crawford Smith*
Licensed Embalmer No. 3914

P. O. Address Hannibal 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.