

FILED MAY 6 3 1947

Registration District No. 31

Primary Registration District No. 4469

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Ste. Genevieve  
(b) City or town Ste. Genevieve  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County POLLINGER  
(c) City or town Patton (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

Mella Shirley

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 Single   
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 15 1870  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>77</u>	<u>3</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation at home

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

MOTHER FATHER

12. Name John A. 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 Shirley  
(b) Address Ste. Genevieve, Missouri  
17. (a) Burial (b) Date thereof April 23, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Patton, Missouri

18. (a) Signature of funeral director Jerome H. Stanton  
(b) Address Ste. Genevieve, Missouri  
19. (a) 4-25-47 (b) Rebecca M. Karl  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1947 hour 4 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from April 15, 1947, to April 21, 1947,  
that I last saw her alive on April 21, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs.  
Due to Arterio-Sclerosis 4 yrs.

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Arthur E. Seisner (M. D. or other) M.D.  
Address Ste. Genevieve Mo. Date signed 4-21-47

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

RECEIVED

District Health Officer No. 4  
File Number 547-610  
5-5-47

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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 Jerome H. Stanton  
Licensed Embalmer No. 3817  
P. O. Address St. Genevieve 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.**