

Registration District No. **285** Primary Registration District No. **5977** Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Polk (Missouri) (Jury)**
(b) City or town **Fairplay (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 mi. S. E. of Fairplay!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **7 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Polk**
(c) City or town **Fairplay, Mo**
(If outside city or town limits, write "RURAL.")
(d) Street No. **6 mi. S. E. Fairplay Mo**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **None**

3. (a) PRINT FULL NAME **Dorothy W. Shimek**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

20. DATE OF DEATH: Month **July**, day **20**, year **1947** hour **2:30** minute **P.** M.

MEDICAL CERTIFICATION

4. Sex **Female** 5. Color or race **wh.**
6. (a) Single, widowed, married, divorced **Married**
6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased: **July 18 1889**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 1946** 19____ to **July 19 1947** that I last saw her alive on **July 19 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute cardiac failure** Duration **36 hrs.**

8. AGE: Years **58** Months **0** Days **2** If less than one day _____ hr. _____ min.

Due to **Cardiovascular renal disease** 2 yrs.

9. Birthplace **Czechoslovakia** (City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business **Housewife**

12. Name **Jel Waggner**

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

14. Maiden name **Wagner**

15. Birthplace **York, Pa.** (City, town, or county) (State or foreign country)

16. (a) Informant **Carl Shimek**

(b) Address **Fairplay Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 23 1947** (Month) (Day) (Year)

(c) Place: **burial** or cremation: **Green & Blue**

18. (a) Signature of funeral director **Walter M. Tillman Jr.**

(b) Address **Bohannon Mo**

19. (a) **July 23 1947** (Date received local registrar) (b) **Walter M. Tillman Jr.** (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **938**
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) (e) Means of injury **C**
23. Signature **Walter M. Tillman Jr.** (M: D. or other) **MD**
Address **Bohannon Mo** Date signed **7-21-47**

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

~~LA-5-8~~
805-66-6
1/2 1911

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 *Steward B. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Bolivar, 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.