E. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 6 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41493

Registration District No. 735 Primary Registration District No. 4210 Registrar's No. 84

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Ridgeway (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 years, months or days) In this community: 68 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Harrison 41
(c) City or town: Ridgeway 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: Bessie Oral Shain
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~~: Charles Shain
6. (c) Age of husband ~~or wife~~ if alive: 71 years
7. Birth date of deceased: July (Month) 6 (Day) 1879 (Year)

8. AGE: Years 68 Months 3 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace: Harrison County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: .....
12. Name (Father): William Clark Ely
13. Birthplace (Father): Kentucky (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Cordelia Hopkins
15. Birthplace (Mother): Indiana (City, town, or county) (State or foreign country)
16. (a) Informant: Paul Shain
(b) Address: Bethany, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 24, 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Hobbs Chapel
18. (a) Signature of funeral director: Joe E. Wheeler
(b) Address: Bethany Mo.
19. (a) 10/24/47 (Date received local registrar) (b) Leti Breeden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 21 year: 1947 hour: 9 minute: 50 A.M.
21. I hereby certify that I attended the deceased from 1-23, 1946 to 10-19, 1947 that I last saw him alive on 10-19, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	10 yrs
Due to:	
Due to: 0	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 930	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? 0 (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: W. A. Brown (M. D. ~~or other~~)
Address: Bethany Mo. Date signed: 10-23-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

JAN 6 1948

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 Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany 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.