

FILED MAR 10 1948

State File No. ....

Registration District No. ....

Primary Registration District No. 4496

Registrar's No. 18

1. PLACE OF DEATH:

(a) County: Shelby County

(b) City or town: Shelbyville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None  
(Specify whether years, months or days)

In this community: Sixty years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Shelby 102

(c) City or town: Shelbyville, Mo 3  
(If outside city or town limits, write "RURAL") 3

(d) Street No. ....  
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: .....

3. (a) PRINT FULL NAME: Carrie Edith Wickham

3. (b) If veteran, name war: X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21st  
year 1948 hour 11 minutes 10 P. M.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Charles W.

6. (c) Age of husband or wife if alive: 82 years

7. Birth date of deceased: July 16th 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from about Jan 20  
Feb 21 1948 to Feb 21 1948  
that I last saw her alive on Feb 18 1948  
and that death occurred on the date and hour stated above. Duration

8. AGE: Years 80 Months 7 Days 5  
If less than one day: hr. min.

Immediate cause of death: cerebral hemorrhage 3 mks  
Asphyxia

Due to: fever, sepsis and high blood pressure

Due to: .....

9. Birthplace: Maryland  
(City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: .....

12. Name: Thomas Cochran

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

14. Maiden name: Lovis Lewis

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

16. (a) Informant: C.W. Wickham

(b) Address: Shelbyville, Mo.

17. (a) Burial (b) Date thereof: 2-24-1948  
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation: Leonard Mo. Million & Barkelew

18. (a) Signature of funeral director: Shelbyville, Mo.

(b) Address: .....

19. (a) Nov 1-48 (b) Ruth James  
(Date received local registrar) (Registrar's signature)

Other conditions: Myocarditis

(Include pregnancy within 6 months of death)

Major findings: no operations

Of operations: .....

Of autopsy: no 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? .....

(Specify type of place)

While at work? (e) Means of injury: ( )

23. Signature: Ruth James (M. D. or other)

Address: Shelbyville, Mo. Date signed: Feb 29 1948

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

RECEIVED  
District Health Officer No. 10  
District File Number 3-48-450  
Date Filed MAR 8 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 C. W. Hawkins  
Licensed Embalmer No. 3498  
P. O. Address Shelburne, Md.

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.