

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15607
Registrar's No. 163

FILED JUN 15 1948
Registration District No. 77

Primary Registration District No. 5772

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Shamrock Mo.
(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 all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Shamrock Mo. 110
(If outside city or town limits, write "RURAL")

(d) Street No. 000 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 000

3. (a) PRINT FULL NAME Martha Adeline Lail

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1948 hour 8:5 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 1, 1947 to May 27, 1948 that I last saw her alive on May 10, 1948 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife J. S. Lail

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

7. Birth date of deceased Aug. 28, 1855
(Month) (Day) (Year)

Immediate cause of death Arterio Sclerosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

92 8 25 hr. min.

9. Birthplace Callaway Co. Mo. 0
(City, town, or county) (State or foreign country)

Major findings: Of operations 97

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business

12. Name James D. Dillard

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

14. Maiden name Sallie French

15. Birthplace D.K. 9
(City, town, or county) (State or foreign country)

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) Month of injury

23. Signature A. Hirsch (M.D.)
Address Widdistown Mo. Date signed 5-25-48

16. (a) Informant W. S. Armstrong

(b) Address Shamrock, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 48
(Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Hughes Manpik

(b) Address Aux Vase, Mo.

19. (a) 6-1-1948 (Date received local registrar)

(b) Josie Moushiff (Registrar's signature)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 17 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 *Hughes Mansie*
Licensed Embalmer No. *2358*
P. O. Address *Auxvasse, 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.

41-1-0