

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15961

FILED JUN 15 1948
Registration District No. 120

Primary Registration District No. 4197

Registrar's No. 521

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Stanberry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 83-8-19 (Specify whether years, months or days)
In this community 83-8-19

3. (a) PRINT
FULL NAME

Edna Bell Shisler

3. (b) If veteran,
name war no

3. (c) Social Security
No. no

4. Sex Female 5. Color or
race Wht.

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

6. (b) Name of husband or wife
Jasper Shisler

6. (c) Age of husband or wife if
alive 89 years

7. Birth date of deceased 9
(Month)

11 1864
(Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>8</u>	<u>19</u>	hr. min.

9. Birthplace Darlington
(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Alijah Fullen

13. Birthplace Illinois
(City, town, or county)

Illinois
(State or foreign country)

14. Maiden name Allie Chawning

15. Birthplace Illinois
(City, town, or county)

Illinois
(State or foreign country)

16. (a) Informant J.A. Shisler

(b) Address St Louis Missouri

17. (a) BURIAL (b) Date thereof 6-2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Ridge Cemetery-Stanberry

18. (a) Signature of funeral director J. W. Johnson
(b) Address East 2nd St. Stanberry Missouri

19. June 2-1948 (Date received local registration)
James H. Webster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38
(c) City or town Stanberry (If outside city or town limits, write "RURAL")
(d) Street No. 314 North Willow Street (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 30th
year 1948 hour ONE minute PM

21. I hereby certify that I attended the deceased from MAY 20
1948 to MAY 30 1948
that I last saw her alive on MAY 29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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

23. Signature J. W. Johnson (M. D. or other)

Address Stanberry Mo Date signed 6-1-48

DISTRICT HEA.
Cameron,
DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

J. Evan Johnson....., Registered Apprentice No. ☒
working under my personal supervision.

Signed *J. Evan Johnson*
Licensed Embalmer No. *3492*
P. O. Address *Starbuck, Missouri*

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.