

FILED MAY 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18322

Registrar's No. 322

Registration District No. 326

Primary Registration District No. 604

1. PLACE OF DEATH:

(a) County SCOTLAND
(b) City or town MILLER TOWNSHIP
(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: _____ (Specify whether
In this community 2 MONTHS (Month) (Day) (Year)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT 33
(c) City or town SALEM
(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

CELESTA HARDMAN

3. (b) If veteran, name war L 3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7
year 1948 hour 4 minutes 35 A. M.
21. I hereby certify that I attended the deceased from March 4
16, 1948, to May 7, 1948

that I last saw her alive on May 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial pneumonia Duration 3 days

Due to Epidermoid carcinoma Cervix 2 years

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.

8. AGE: Years 67 Months 5 Days 7 If less than one day
hr. _____ min. _____

9. Birthplace: SCOTLAND Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation: HOUSE WIFE

11. Industry or business _____

12. Name: HEZEKIAH SHAWLEX

13. Birthplace: SCOTLAND Co MO
(City, town, or county) (State or foreign country)

14. Maiden name: MARY HOLT

15. Birthplace: SCOTLAND Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant: Cora M. Williams

(b) Address: Memphis, Mo

17. (a) BURIAL (b) Date thereof: MAY 9, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: PLEASANT HILL

18. (a) Signature of funeral director: A. W. Nease

(b) Address: Memphis, Mo

19. (a) 5/9/48 (b) _____ (Registrar's signature) _____
(Date received local registrar) (Date)

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? _____ (c) Means of injury: 0

23. Signature: E. E. Shelton (M. D. or other) MD
Address: Memphis, Mo Date signed: 5/9/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 5-48-957
Date Filed MAY-26-1948

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

Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, TN

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.