

S. No. 4  
DM-5-43  
v. 5-17-39  
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37527  
Registrar's No. \_\_\_\_\_

FILED DEC 9 1946  
Registration District No. 165

Primary Registration District No. 5610

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

1. PLACE OF DEATH: Johnson

(a) County..... "Rural"-Jefferson Township  
 (b) City or town.....  
 (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..... 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Johnson 57  
 (c) City or town..... "Rural" Jefferson Twn. 0  
 (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 Mary Jane Shaw Egbert

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Thomas D. Egbert 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased July 10-1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>3</u>	<u>14</u>	hr. min.

9. Birthplace..... Ohio /  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

12. Name..... Newton Shaw

13. Birthplace..... unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Rochelle West

15. Birthplace..... unknown 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas D. Egbert 1

(b) Address Windsor, Missouri

17. (a) burial (b) Date thereof Oct. 25, '46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Mo.

18. (a) Signature of funeral director Horton Turner

(b) Address Windsor, Mo.

19. (a) Nov. 29, 1947 (b) Mr. Mamie D. Heath  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th  
 year 1946 hour 6 minute 0 a. m.

21. I hereby certify that I attended the deceased from July 1 1946 Oct. 8 1946  
 that I last saw her alive on Oct 8 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic myocarditis Duration ?

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy..... 93D

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..... 0

23. Signature Ray S Jordan (M. D. or other).....

Address Windsor, Mo Date signed 10-6-46

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**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..... *Edell Hunter*

Licensed Embalmer No. *3391*

P. O. Address. *Windsor, 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.**