

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEAD JUN 8 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18435  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Cole Registration District No. 213  
 (b) Township Jefferson Primary Registration District No. 3014 Registered No. 137  
 (c) City Jefferson (d) Street No. St. Mary's Hospital St.  
 (e) Length of residence in city or town where death occurred yrs. mo. da. (f) How long in U. S., if of foreign birth? yrs. mo. da.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Mrs. Flora S. Shamel  
 (a) Residence, No. 1428 West Main St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S.W. Shamel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-10-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 5 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. ''

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrews County, Mo.

FATHER 13. NAME Charles Chapman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Mary E. Tilden  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Chas W. Shamel  
 (ADDRESS) Jefferson City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE June-1- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joseph J. Gordon  
Jefferson City, Mo

20. FILED 6/13/39 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1939

22. I HEREBY CERTIFY, That I attended deceased from May 29 1939 to May 30 1939  
 I last saw him alive on May 30 1939 Death is said to have occurred on the date stated above, at 2:30 PM  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Arteriosclerosis  
Arterio-sclerotic hypertension  
 Other contributory causes of importance:  
None  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. B. Brey M. D.  
 (Address) Jefferson City, 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.....

*Ferd P. Dulle*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Ferd P. Dulle*

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City 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, above space should be left blank.**