

REC'D JUN 24 1939

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

19942
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 830
 (b) Township East Union Primary Registration District No. 4503 Registered No. 28
 (c) City Shelbina or (d) Street No. Shelbina Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dollie Hackley

(a) Residence, No. Lawrence 910 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 married

6A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Herbert Hackley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/24/1893

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

65- 8 17

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

housekeeping

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Monroe Co. Mo.

13. NAME Wm H. Harrington

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Shelbina Mo.

15. MAIDEN NAME Anna E. Poole

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Shelbina Mo.

17. INFORMANT (ADDRESS) Mr. Geo. Cook

18. BURIAL PLACE (CITY OR TOWN, STATE OR COUNTRY) OR REMOVED Shelbina Mo.

19. FUNERAL DIRECTOR (NAME AND ADDRESS) Thos. J. Baker
Shelbina Mo.

20. FILED May 13, 1939 Ruth Joyner 740 (Address) Shelbina, Mo.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1939 to May 11, 1939
 I last saw her alive on May 11, 1939. Death is said to have occurred on the date stated above, at 8:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Appendicitis

Date of onset May 1, 39

Other contributory causes of importance:

Name of operation Appendectomy Date of May 9-39
 What test confirmed diagnosis Microscopic 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. O. Harrison, M. D.
 (Address) Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED

District Health Officer No. 10

District File Number 10-29-975

Date Filed 6-9-39

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 ^L.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Wm E. Morrison
Licensed Embalmer No. 3957
P. O. Address Helena 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.