No. 2
11-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7698

State File No. ~~56~~

Registration District No. 668 FILED MAR 14 1940

Primary Registration District No. 3032

Registrar's No. ~~668~~ 56

1. PLACE OF DEATH:

(a) County PETTIS.

(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3200 So KENTUCKY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 73 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS.

(c) City or town SEDALIA
(If outside city or town limits write "RURAL")

(d) Street No. 3200 So KENTUCKY
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME 640 LENA SHIRLEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife SAM SHIRLEY

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased OCT (Month) 29 (Day) 1866 (Year)

8. AGE: Years 73 Months 3 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace ALBANY (City, town, or county) NEW YORK (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

FATHER
12. Name HENRY BILLO
13. Birthplace _____ (City, town, or county) NEW YORK (State or foreign country)

MOTHER
14. Maiden name CORNELIA - Link
15. Birthplace _____ (City, town, or county) NEW YORK (State or foreign country)

16. (a) Informant GRACE Shirley
(b) Address SEDALIA Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 8 1940 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia 906

19. (a) Feb 8 1940 (Date received local registrar) (b) Mrs Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1940 hour 630 minute P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1940 to Feb 6, 1940;
that I last saw her alive on Feb. 6 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocrinitis — Duration 5 yrs

Due to Probably rheumatism — do not know

Due to [illegible] — do not know

Other conditions myo-cardiosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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) none
(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? _____ (e) Means of injury _____

23. Signature Chas [illegible] (M. D. or [illegible]) 1
Address Sedalia Mo. Date signed Feb 7 1940

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 194

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-12-40

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 .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.