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STANDARD CERTIFICATE OF DEATH

31724

State File No.

Registrar's No. 29

Registration District No. 170 OCT 23 1940

Primary Registration District No. 4112

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

1. PLACE OF DEATH

(a) County Clark

(b) City or town Mahoka
(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 _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Shirley Ann Mohr

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female race White

5. Color or _____

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 3 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day

9. Birthplace Mahoka Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Reuben F Mohr

13. Birthplace Portland Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Baird

15. Birthplace Reubens Co Minn
(City, town, or county) (State or foreign country)

16. (a) Informant Reuben F Mohr

(b) Address Mahoka Mo

17. (a) Burial (b) Date thereof Sept 5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mahoka Baptist

18. (a) Signature of funeral director Walter Baskett

(b) Address Memphis Mo

19. (a) 9-5-1940 (b) J. H. Bridges
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark

(c) City or town Mahoka Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4th
year 1940 hour 02 minute 45 P. M.

21. I hereby certify that I attended the deceased from September 3rd 1940 to Sept 4 1940,
that I last saw her alive on Sept 4 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia (Extraterine)

Due to Premature - 8 months

Due to _____

Other conditions 15A
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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?
174
While at work _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature Grace L. Gray (32-2000 Other) _____
Address Mahoka Mo Date signed 9-5-40

RECEIVED

District Health Officer No. 10

District File Number 10-40-1940

Date Filed OCT 18 1940

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.