

FRI JUN 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17639

Registration District No. 214

Primary Registration District No. 5294

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Russellville Rural (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

2. USUAL RESIDENCE OF DECEASED:

(a) County Missouri (b) County Cole 26
(c) City or town Russellville Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Allen Martin Shirkler

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

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

6. (b) Name of husband or wife Etta Shirkler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 24 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 16 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Peter Shirkler

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

14. Maiden name Etta Hale

15. Birthplace Mo. Record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Etta Shirkler

(b) Address Russellville

17. (a) Burial (b) Date thereof May 12-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director W. H. ...
(b) Address Russellville Mo.

19. (a) 5-12-1941 (b) W. H. ... (Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1941 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from May 3 1941 to May 10 1941 that I last saw him alive on May 10 1941 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Arteriosclerosis
Due to _____

Due to _____

Other conditions Acute Myocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration Not
Definite
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? _____

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

23. Signature Walter ... (M. D. or other) _____
Address Russellville Mo. Date signed _____

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

600

REC 16 1951

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, ~~by~~

....., Registered Apprentice No.

working under my personal supervision.

Signed

G. M. Steffens

Licensed Embalmer No. *2307*

P. O. Address. *Russellville*

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

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