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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36293

FILLED NOV 18 1941

Registration District No. 830

Primary Registration District No. 4503

Registrar's No. 32

1. PLACE OF DEATH:

(a) County. Shelby
(b) City or town. Shelbina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Furnish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 7 days
In this community. Fifty Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Shelby
(c) City or town. Shelbina
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. October day. 14th
year. 1941 hour. 3 p.m. minute. 0 M.

21. I hereby certify that I attended the deceased from October 7
1941 to October 14 1941.
that I last saw h. survive on October 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma
of stomach, liver, and
lung

Due to 468

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. None except
exploratory lap
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).....
(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?

While at work? (Specify type of place) (d) Means of injury. 0

23. Signature [Signature] (M. D. or other)
Address Shelbina Date signed 10-14-41

3. (a) PRINT FULL NAME Mary Etta Brengle

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex. Female 5. Color or race. White 5. (a) Single, widowed, married, divorced. Single

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

7. Birth date of deceased. January 20th 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 8 14 hr. min.

9. Birthplace. Monroe Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. At Home

11. Industry or business

12. Name. Albert Logan Brengle

13. Birthplace. Washington Co Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name. Rosa Wilson

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

16. (a) Informant. Mrs Price Woods

(b) Address. Paris Mo.

17. (a) Burial (b) Date thereof. 10/16/41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Holliday Mo.

18. (a) Signature of funeral director. [Signature]

(b) Address. Shelbina Mo.

19. (a) Oct 14-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

744 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 11-41-2090

Date Filed NOV 15 1941

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.....

Henry G. Barkes

Licensed Embalmer No. 3835

P. O. Address Shelburne, 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, fact should be so stated above.