

FILED MAY 1 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15345

Registration District No. _____

Primary Registration District No. 6235

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Cowgill (Grape Grove Twn.)
(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 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
(c) City or town Braymer (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. _____ years.

3. (a) PRINT FULL NAME Elsie Mae Shote

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Earl Shote 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased. May 28 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 10 10 _____ hr. _____ min.

9. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John A. Clevenger

13. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Christinson

15. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Shote

(b) Address Braymer, Missouri

17. (a) Burial (b) Date thereof 4/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cowgill Cem.

18. (a) Signature of funeral director Donald F. Mead

(b) Address Braymer, Missouri

19. (a) April 9 1942 (b) Mrs. C. W. Sheppard
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1942 hour 8 minute 30p. M. A. M.

21. I hereby certify that I attended the deceased from July 2
1941 to April 8 1942
that I last saw her alive on April 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 1 week.

Due to Influenza
Due to 462

Other conditions Carcinoma of colon
(include pregnancy within 3 months of death)

Major findings: Colostomy on account of Carcinoma of colon
done July 2 1941.

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) (e) Means of injury (1)

23. Signature G. S. Dowell (M. D. or other) Address Braymer Mo. Date signed April 9 1942

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

59
0
0

1280

APR 29 1942

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

Bernard L. Mead

Licensed Embalmer No. 280 k

P. O. Address. Braymer, Missouri

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.