

No. 2  
1-542  
5-17-39  
X32873

State File No. \_\_\_\_\_

FILED JAN - 8 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 423

Registrar's No. 55

46  
22  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Hawell  
(b) City or town Willow Springs Mo.  
(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 1 d. (Specify whether years, months or days) 67

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Hawell  
(c) City or town Willow Springs Mo.  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emilia J. Shreve

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

4. Sex F 5. Color or race W. 6. (a) Single,  Married,  Divorced Widow

(b) Name of husband or wife William Shreve 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased 28-1874  
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Ug Medley

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

14. Maiden name F. Ayers

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

16. (a) Informant John Medley

(b) Address Willow Springs Mo.

17. (a) Burial Willow Springs Mo. (b) Date thereof 12-30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

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

(b) Address \_\_\_\_\_

19. (a) 12-28-42 (b) Emilia Ferguson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1942 hour 7 minute 30 p.m.

21. I hereby certify that I attended the deceased from Sept 10, 1937, to 12-26-1942 that I last saw her alive on 12-26-1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 yrs.

Due to Arteriosclerosis genl. Arthritis Deformans 10 yrs. 10 yrs.

Other conditions 93d  
(Include pregnancy within 3 months of death)

Major findings: 93d  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Manner of injury \_\_\_\_\_

23. Signature E. P. Lallian (M.D. or other) \_\_\_\_\_  
Address Willow Springs, Mo. Date signed 12/28/42

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

14242  
1-7-42

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.....

*John F. Almond*

Licensed Embalmer No.

2516

P. O. Address

*Mountain View, 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.