S. No. 2
M—5-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 26 1943

Registration District No. 373

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3844

Primary Registration District No. 6270

Registrar's No. 49

1. PLACE OF DEATH:
(a) County: Webster
(b) City or town: Union Twp
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Webster
(c) City or town: Union Twp
(If outside city or town limits, write "RURAL")
(d) Street No.: Franconia Rte
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

112
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3. (a) PRINT FULL NAME: MARTHA Belle SHOCKLEY

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: X

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

7. Birth date of deceased: Oct (Month) 18 (Day) 1942 (Year)

8. AGE: Years X Months X Days X If less than one day 3 hr. 40 min.

9. Birthplace: Webster Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: X

11. Industry or business: X

FATHER
12. Name: Joseph Shockley
13. Birthplace: Webster Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name: Mary Martin
15. Birthplace: Allen Co (City, town, or county) Kansas (State or foreign country) /

16. (a) Informant: Joseph Shockley
(b) Address: Niangua Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct (Month) 19 (Day) 42 (Year)
(c) Place: burial or cremation: Reed

18. (a) Signature of funeral director: Joseph Shockley
(b) Address: Niangua Mo

19. (a) 12/19/42 (Date received local registrar) (b) J R Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 42 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 10-19 1942 to 10-19 1942 that I last saw him alive on 10-18 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Unknown	
Due to: Difficult labor	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 160	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: J. V. Lindsay (M. D. or other) M.D.
Address: Conway Mo Date signed 11/18/42

820

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 143-92
Date Filed 1-24-43

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 X

Licensed Embalmer No. X

P. O. Address X

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.