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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 886367 Primary Registration District No. 6178-4537 Registrar's No.

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

10
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1. PLACE OF DEATH:

(a) County Washington

(b) City or town Irondale
(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 2 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Irondale Mo.
(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 Elizabeth Shiner

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife TILLMAN

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Dec (Month) 2 (Day) 1870 (Year)

8. AGE: Years 73 Months 8 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Tilman Shiner
(b) Address Irondale Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 21 (Day) 43 (Year)
(c) Place: burial or cremation New Diggin Cemetery

18. (a) Signature of funeral director C. L. Sparks
(b) Address Palace Mo.

19. (a) Feb 25-1943 (Date received local registrar) (b) Mrs. J. P. Yeargain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1943 hour 3 AM. minute 00 M.

21. I hereby certify that I attended the deceased from 2-19, 1943, to 2-20, 1943
that I last saw her alive on 2-20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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. P. Yeargain (M. D. or other)
Address Irondale Mo Date signed 2-21-43

801

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 343-1920

Date Filed 3-9-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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