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0M—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35430

FILED NOV 15 1943

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 323

80
6
4

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hotel (If not in hospital or institution, write street number or location) 3

(d) Length of stay: In hospital or institution (Specify whether) 1 Day

In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 048

(c) City or town Kansas City Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 722 Ward Parkway (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Catherine Louise Shain

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 1

5. Color or race white 1

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

6. (b) Name of husband or wife Hopkins B Shain

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Dec. 15 1866 (Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Macon Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Matson Hockensmith
13. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Louisa McCoy
15. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs. W.A. Beckemeyer

(b) Address Sedalia Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 14 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia Mo.

19. (a) 10-13-43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1943 hour 10:40 minute a M.

21. I hereby certify that I attended the deceased from Oct 11 43, to Oct 12 43, that I last saw h alive on Oct. 12 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	Sudden
Due to	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	about 10 yrs.

Major findings:
Of operations
Of autopsy 61

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 0

23. Signature W A Beckemeyer (M. D. or other) MD

Address Sedalia Mo Date signed 10/13/43

1022 (Licensed Embalmer's Statement on Reverse Side)

APR 2 1943

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 11-2-43

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.