

Redwing

No. 2  
-2-43  
17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3615

FILED FEB 10 1944

5786

Registration District No. 277

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

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County MISSISSIPPI

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

(c) Name of hospital or institution: R#3 Ohio Imp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 33 YRS.  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 67

(a) State MISSOURI (b) County MISSISSIPPI

(c) City or town CHARLESTON MO. (RURAL)  
(If outside city or town limits, write "RURAL")

(d) Street No. R#3 (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELDRIDGE SHEW

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or race WHITE

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

6. (b) Name of husband or wife EMMA SHEW

6. (c) Age of husband or wife if alive 64 years (Day) (Year)

7. Birth date of deceased FEBRUARY 1 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 11 19 hr. \_\_\_\_\_ min.

9. Birthplace BOGOTA (City, town, or county) ILL 1 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business SELF

MOTHER FATHER { 12. Name ARDELL SHEW

13. Birthplace N.K. (City, town, or county) ILL 1 (State or foreign country)

14. Maiden name N.K. N.K.

15. Birthplace N.K. (City, town, or county) N.K. 9 (State or foreign country)

16. (a) Informant ELMER LEROY SHEW

(b) Address R#3 CHARLESTON, MO.

17. (a) BURIAL (b) Date thereof 1-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation F.O.O.F CEMETERY CHARLESTON, MO.

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

(b) Address Charleston, Mo

19. (a) 1/1/44 (b) Mr. Lon Moore  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 20  
year 1944 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from 19 and Jan 20, 1944, that I last saw h.IM alive on about Jan 10, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy (stroke on my arrival)

Due to Hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) g3a!

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Charleston, Mo Date signed 1/22/44

Duration \_\_\_\_\_

PHYSICIAN D.K.

Underline the cause to which death should be charged statistically.

1257

RECEIVED

District Health Office No.

District File Number 344-29

Date Filed 2-7-44

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**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. Munnell Jr

Licensed Embalmer No. 3851

P. O. Address Charleston 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.**