S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1945

Registration District No. 194

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 17900

Registrar's No. 101

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital 0
(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 Randolph
(c) City or town 3 mi. West of Moberly
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 6 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary H. Shiflett
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 4th (Day) 1879 (Year)
8. AGE: Years 66 Months 2 Days 23 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation At home
11. Industry or business
MOTHER FATHER
12. Name William Burton
13. Birthplace (City, town, or county) Mo (State or foreign country)
14. Maiden name Hesse Harlow
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant W. J Shiflett
(b) Address R F D Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29th 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) 5-30-45 (Date received local registrar) (b) Irma Hause (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th year 1945 hour 2 minute 30 a M.
21: I hereby certify that I attended the deceased from May 25, 1945, to May 27, 1945, that I last saw him alive on May 27, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration Sudden
Due to: Ch. Asthma (allergic)
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 0 | 40
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 [illegible] (M. D. or other)
Address Moberly Mo Date signed 5-30-45

1086 (Licensed Embalmer's Statement on Reverse Side)

JUN 18 1951

JUL 27 1945

RECEIVED
District Health Officer No. 10
District File Number 6-45-988
Date Filed JUN 12 1945

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 Frank O. De Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.