S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36509

FILED NOV 16 1945

Registration District No. 2 — Primary Registration District No. 5019 — Registrar's No. 6

1. PLACE OF DEATH:
(a) County Andrew Co
(b) City or town Rochester township (outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: near union Star mo (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 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County andrew
(c) City or town Rochester township (If outside city or town limits, write "RURAL")
(d) Street No. near union Star mo (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Augusta Chloe Shores
3. (b) If veteran, name war —
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ...... years
7. Birth date of deceased Nov (Month) 2 (Day) 1876 (Year)
8. AGE: Years 68 Months 10 Days 29 — If less than one day ...... hr. ...... min.
9. Birthplace Yadkinville (City, town, or county) — (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name unknown Dixon
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Virgil Shores
(b) Address Union Star mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof Oct 4 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Flagsprings
18. (a) Signature of funeral director C. C. Brest [redacted]
(b) Address Savannah mo
19. (a) 10-5-45 (Date received local registrar) (b) Lillian Sparks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 6 hour 20 minute P. M.
21. I hereby certify that I attended the deceased from March 2, 1945, to Oct 1, 1945 that I last saw her alive on Oct 1-1945, 19.. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrage	3 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 Dr. E. C. Reynolds (M. D. or other)
Address Union Star mo — Date signed 10-3-45

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(Licensed Embalmer's Statement on Reverse Side)

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 E. C. Brett

Licensed Embalmer No. 2650

P. O. Address Savannah 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.