S. No. 2
M—2-43
5-17-39
PI X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6000

State File No.

FILED FEB 20 1946

Registration District No. 176

Primary Registration District No. 3026

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Tyrs + Mos (Specify whether
In this community Tyrs + Mos
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town De Kalb 11
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME ROSA SHELLABERGER

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 Edward Shellaberger

6. (c) Age of husband or wife if alive 93 years

7. Birth date of deceased September (Month) 25, (Day) 1861 (Year)

8. AGE: Years 84 | Months 3 | Days 9 | If less than one day ___ hr. ___ min.

9. Birthplace No Data (City, town, or county) 9 (State or foreign country)

10. Usual occupation No Data

11. Industry or business No Data

FATHER
12. Name No Data 9
13. Birthplace No Data (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name No Data 9
15. Birthplace No Data (City, town, or county) 1 (State or foreign country)

16. (a) Informant Edward Shellaberger
(b) Address De Kalb, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/5/46 (Month) (Day) (Year)
(c) Place: burial or cremation De Kalb, Illinois

18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri.

19. (a) 1-5-46 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4, year 1946 hour 4 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct 13, 1938, to Jan 4, 1946, that I last saw her alive on Jan 4, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	Nolk
Due to	
Due to	
Other conditions Arteriosclerosis + Chronic Myocarditis (Include pregnancy within 3 months of death)	Years

Major findings:
Of operations None done
Of autopsy None permitted 93

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 Russell Eichhorn (M. D. or other) MD

Address Independence, Mo Date signed 1-5-46

(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 Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence, 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.