S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19183

Registration District No. 337 Primary Registration District No. 6139 Registrar's No. 39

1. PLACE OF DEATH:
(a) County: Shelby County
(b) City or town: Shelbyville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Entire life (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Shelby 102
(c) City or town: Shelbyville Rural
(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)
If yes, name country:

3. (a) PRINT FULL NAME: Mary Katherine Tonkinson
3. (b) If veteran, name war: XX
3. (c) Social Security No.: X
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Deceased
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 26th (Day) 1872 (Year)
8. AGE: Years 73 Months 8 Days 19 If less than one day hr. min.
9. Birthplace: Lewis County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: " "
MOTHER FATHER
12. Name: Fredrick Schroeter
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4
14. Maiden name: Mary Dickerson
15. Birthplace: Illinois (City, town, or county) (State or foreign country) 1
16. (a) Informant: Mrs. Clye Green
(b) Address: Shelbyville, Missouri
17. (a) Burial (Burial, cremation or removal) (b) Date thereof: 4-17-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Shelbyvill e Mo
18. (a) Signature of funeral director: Million & Barkelew
(b) Address: Shelbina, Missouri
19. (a) May 4-46 (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Apr 8 — 1946 to Apr 15 1946 that I last saw her alive on Apr 15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Not determined with certainty - She died in less than 12 hours following an attack of vicious coitus. Death was probably due to cerebral hemorrhage — Duration ?
Due to:
Due to:
Other conditions: Hair tooth disease
(Include pregnancy within 3 months of death)
Artemis Salmonella
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: F. G. Gresham (M. D. or other)
Address: Shelbyville Mo Date signed 4-24-46

307 (Licensed Embalmer's Statement on Reverse Side)

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

JAN 30 1958

RECEIVED
District Health Officer No. 10
District File Number 5-46-1038
Date Filed MAY 23 1946

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 C W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina 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.