

FILED AUG 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 225

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 years 15 das.  
(Specify whether years, months or days)  
In this community 5 years, 15 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4418 W. Florissant  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLARA ETHEL SHEREVE

3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced 3 divorced Divorced

6. (b) Name of husband or wife Randolph Morris Shreve  
6. (c) Age of husband or wife if alive Age Unk years

7. Birth date of deceased January 22 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 5 20  
hr. \_\_\_\_\_ min.

9. Birthplace Richland Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name James Farrar

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Euphenia Morrow

15. Birthplace Minnesota  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 7-14-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem., Richland, Mo.

18. (a) Signature of funeral director Miller Funeral Home  
(b) Address Farmington, Missouri

19. (a) 7-17-46 (b) Esther Redcliff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1946 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from  
June 27, 1946 to July 12, 1946;

that I last saw h. ET alive on July 12, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1 yr.

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

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

Other conditions Arteriosclerosis 6 yrs  
(Include pregnancy within 3 months of death)

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

Of autopsy None

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

23. Signature Samuel J. Docton (M. D. or other) \_\_\_\_\_

Address Farmington, Mo Date signed 7/17/46

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

94  
80

RECEIVED

District Health Officer No. 4

District File Number 846-2466

Date Filed 8-9-46

**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 Paul H. Dwyer

Licensed Embalmer No. 4120

P. O. Address Farmington 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.**