

FILED MAR 21 1947

Registration District No. 23

Primary Registration District No. 6013

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Clifton Hill 0
(If outside city or town limits, write "RURAL.")

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

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ruth Elaine Shives

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1947 hour _____ minute _____ M. 12/11

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years _____ (Day) (Year)

7. Birth date of deceased June 1 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3 - 4 1947 to 3/9 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 2 Months 9 Days 8 If less than one day _____ hr. _____ min.

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

Immediate cause of death Struck in Pond

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation none

11. Industry or business _____

12. Name Virgil Shives

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

14. Maiden name Mary Ida Sanders

15. Birthplace Chariton County Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations 183

Of autopsy 36

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Virgil Shives

(b) Address Clifton Hill, Missouri

17. (c) burial (Burial, cremation, or removal) (b) Date thereof 3/11/1947
(Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill, Missouri

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville Mo.

19. (a) 3-16-1947 (Date received local registrar) (b) Dr. W. A. Barnhart (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 2/1

(b) Date of occurrence Mch - 9 - 47

(c) Where did injury occur at home Chariton, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm near home

While at work? play (Specify type of place) (e) Means of injury _____

23. Signature Dr. W. A. Barnhart (M. D. or Other) 0

Address Delmar Mo Date signed 3/1/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 8-#7526
Date Paid - MAR 18 1947

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 J. Patton*

Licensed Embalmer No. 4095

P. O. Address..... Huntsville, Ala

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.