

FILED OCT 6 1947

Registrar's No. **746A**

Registration District No. **128**

Primary Registration District No. **2000**

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

39
21
6

1. PLACE OF DEATH:

(a) County Suway

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

(c) Name of hospital or institution: Berge Hosp.
(If not in hospital or institution, write street number or location)

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

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas **34**

(c) City or town AVA **1**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. (If rural, give location) **1**

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

If yes, name country

3. (a) PRINT FULL NAME Julia Pearl Shelby

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24,
year 1947 hour about 4:30 minute M.

21. I hereby certify that I attended the deceased from Aug 23
1947 to Aug 24 1947

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife H. M. Shelby 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased: August 18, 1873
(Month) (Day) (Year)

that I last saw h. or alive on Aug 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis **5 days**

8. AGE: Years Months Days If less than one day

74	0	6	hr. min.
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Due to

Due to Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

9. Birthplace Plesant Hill, Ill **1**
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

Major findings:

Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER { 12. Name Martin Shy **9**

13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Capps

15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant M A Kuffert

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 8-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ava, mo.

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?

18. (a) Signature of funeral director Clinkingbeard Funeral H

(b) Address Ava, Missouri

19. (a) 9-3-47 (b) W E Handley MD
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm D Callaway MD (M. D. or other)

Address Springfield, Mo. Date signed 8/24/47

DEC 8 1947

JUL 29 1948

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..... *W.B. Hutchinson*

Licensed Embalmer No.: *3431*

P. O. Address..... *Area 228*

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.