

FILED OCT 29 1947

Registration District No. **10**

Primary Registration District No. **5036**

Registrar's No. **153**

1. PLACE OF DEATH:

(a) County **Audrain**  
(b) City or town **Rural Wilson Township**  
(c) Name of hospital or institution: **R.R. #1**  
(d) Length of stay: **In hospital or institution**  
In this community **10 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Audrain**  
(c) City or town **Rural**  
(d) Street No. **R.R. #1**  
(e) Citizen of foreign country? **NO**

3. (a) PRINT FULL NAME **Irma Violet Shire**

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

4. Sex **F** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **John Shire**  
6. (c) Age of husband or wife if alive **5** years

7. Birth date of deceased **May 5, 1907**

8. AGE: Years **40** Months **5** Days **16**

9. Birthplace **Monroe Co., Missouri**

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Everett A. Miller**

13. Birthplace **Ill.**

14. Maiden name **Mary Ethel Lee**

15. Birthplace **Ill.**

16. (a) Informant **John Shire**

(b) Address **Thompson, Missouri**

17. (a) **Burial** (b) Date thereof **10/24/47**

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Elwood**

(b) Address **Mexico, Missouri**

19. (a) **10/24/47** (b) **Blanche Neely**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **21<sup>st</sup>**  
year **1947** hour **8** minute **20** P.M.

21. I hereby certify that I attended the deceased from **Coroner's Case**  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Died suddenly and unattended by a physician. History of high blood pressure & nephritis. No evidence of violence or due to foul play. No jury.**

Other conditions: (Include pregnancy within 3 months of death)

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

Of autopsy **None**

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

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **Coroner**

23. Signature **S. C. Adams** (M. D. or other) \_\_\_\_\_  
Address **Mexico Mo** Date signed **10-22-47**

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

MOTHER FATHER

VS JUN 10 1959

MAY 3 1960

RECEIVED  
District Health Officer No. 10  
District File Number 12-47-1475  
Date Filed OCT. 28 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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.