FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 31 1948

Registration District No. 38

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22173

Primary Registration District No. 5120

Registrar's No. 205

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

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: Route 1 (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) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone 10

(c) City or town: Browns Station (If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME: BETTY JANE SHERN

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: Widowed

6. (b) Name of husband or wife: Blufford Shern

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

7. Birth date of deceased: 12 (Month) - 7 (Day) - 1880 (Year)

8. AGE: Years 67 | Months 6 | Days 8 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: At Home

11. Industry or business .....

FATHER
12. Name: Millard Preston
13. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Margaret Forbis
15. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Roscoe Shern

(b) Address: Route 1, Browns Station, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-17-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Red Rock Cemetery

18. (a) Signature of funeral director: Parker Funeral Service

(b) Address: Columbia, Mo.

19. (a) July 22, 1948 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-21-46, 19..., to 7-15-48, 19...; that I last saw her alive on 7-14-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Degeneration — Duration: Several months

Due to: Cardio Renal Syndrome — Several years

Due to: arteriosclerosis — Several years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

PHYSICIAN

Underline the cause of 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: P. O. Baker, D.D. (M.D. or other)

Address: Centralia, MO. Date signed: 7-17-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JUL 30 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 Thos L Laing

Licensed Embalmer No. 4132

P. O. Address Columbia, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.