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7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25787

FILED SEP 1 1948

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 197

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 314 Vista
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 314 Vista 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lottie T. Fuller

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Jan (Month) 16 (Day) 1867 (Year)

8. AGE: Years 81 Months 7 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Memphis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name Addison T. Shelly
13. Birthplace Unknown (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Lucendia Hoover
15. Birthplace Unknown (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Geo. Purdy
(b) Address 314 Vista - J.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis, Mo

18. (a) Signature of funeral director Tanner Sewell
(b) Address 700 Jefferson

19. (a) 8-23-48 (Date received local registrar) (b) R. P. Darris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1948 hour 4 minute 45 p M.

21. I hereby certify that I attended the deceased from Sept, 1946 to Aug 22, 1948 that I last saw her alive on Aug 22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	2 wks
Due to Coronary sclerosis	2 yrs
Due to Generalized arterio-sclerotic Recent disease	10 yrs
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? ..... Means of injury 0

23. Signature Edward R. Bohrer (M. D. or other) M.D.
Address Jefferson City, Mo Date signed Aug 23, 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 31 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 .....

Licensed Embalmer No. 3641

P. O. Address .....

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.