

No. 2
-5-42
5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. 20067

Registration District No. 137

Primary Registration District No. 5517

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: (at Home) Rural
(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 46.7a

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 420

(c) City or town Tobacco Rural
(If outside city or town limits, write "RURAL")

(d) Street Calhoun R. 2 Hills School Dist.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Duff, Shiflett

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1945 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from _____
1944 to _____ 1945
that I last saw him alive on 6-11-45
and that death occurred on the date and hour stated above.

Immediate cause of death 19 carb trolly Duration _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Shiflett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 14 March 1908
(Month) (Day) (Year)

Due to Heart Failure

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: 95

Of operations _____

Of autopsy _____

8. AGE: Years 38 Months 2 Days 25
If less than one day hr. min.

9. Birthplace Linn Co. Linn County
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Jesse Shiflett

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Honey Jane Warlow

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

16. (a) Informant Jesse L. Shiflett

(b) Address Calhoun R. 2

17. (a) Burial (b) Date thereof 6.13.46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director J. H. Kenney

(b) Address Calhoun R. 2

19. (a) 6-25-46 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

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 R. R. Kenney (M. D. or other) _____
Address Calhoun Date signed June 12

120

(Licensed Embalmer's Statement on Reverse Side)

46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
18940

RECEIVED
District Health Officer No. 7,
District File Number 6-46-651
Date Filed 7-3-46

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 myself
....., Registered Apprentice No.
working under my personal supervision.

Signed J. A. Halsey
Licensed Embalmer No. 3802
P. O. Address Calhoun Ave

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.