

S. No. 2  
M-8-43  
7-5-17-39  
X37023

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2328**

FILED FEB 14 1945

Registration District No. **170**

Primary Registration District No. **5542**

Registrar's No. **8**

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

1. PLACE OF DEATH:  
 (a) County **Howard**  
 (b) City or town **Rural Boonefume Twp**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Howard County Infirmary**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **About 25 yrs.**  
(Specify whether  
 In this community **All her life**  
years, months or days)

3. (a) PRINT FULL NAME **Julia Ann Shiflett**  
 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 **Single**  
 6. (b) Name of husband or wife: -----  
 6. (c) Age of husband or wife if alive ----- years  
 7. Birth date of deceased **Feb. 14 1869**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**75 11 16** hr. min.

9. Birthplace **Howard County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation: -----

11. Industry or business: -----

MOTHER FATHER  
 12. Name **William Albert Shiflett**  
 13. Birthplace **Rocking Ham County Virginia**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Margarett Powell**  
 15. Birthplace **Green County Virginia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joe Shiflett**  
 (b) Address **Fayette Missouri**

17. (a) **Burial** (b) Date thereof **1-31-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hackley Cemetery**

18. (a) Signature of funeral director **Ralph A. Carr**

(b) Address **Fayette, Missouri**

19. (a) **1-30-1945** (b) **Conrad McMillan**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Howard**  
 (c) City or town **Rural County Infirmary**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **Boonefume Twp.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country: **17**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Jan.** day **30**  
 year **1945** hour **3:00** minute **A** M.

21. I hereby certify that I attended the deceased from **Jan 30**  
**Dead** to **Jan 30**, 19**45**  
 that I last saw **alive on Jan 30**, 19**45**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**  
 Duration **1 day**

Due to **Ch. Myocarditis?**

Due to: -----

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

Major findings:  
 Of operations: **93d**  
 Of autopsy: -----  
 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? -----  
(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: **0**

23. Signature **W. B. Blom** (M. D. or other) **MD**  
 Address **Fayette Mo** Date signed **1-30-45**

LICENSING NO. 81  
District File Number  
Date Filed 2-13-45

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 *Joseph A. Carr*  
Licensed Embalmer No. *3340*  
P. O. Address *Jayette 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.