

APR 14 1943  
 Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 16

1. PLACE OF DEATH:  
 (a) County Ray  
 (b) City or town Richmond  
 (c) Name of hospital or institution:  
Royal Street  
 (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)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Ray  
 (c) City or town Richmond  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Royal Street  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIZABETH SHORTELL  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 10th  
 year 1943 hour 2:30 minute P. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Married  
 6. (b) Name of husband or wife Michael Shortall  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased February 27, 1852  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7:15  
26 1943 to May 10 1943  
 that I last saw her alive on March 10 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
91 0 11 hr. \_\_\_\_\_ min.

Immediate cause of death  
Cerebral Hemorrhage  
 Due to \_\_\_\_\_

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

Due to arterio-sclerosis

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)  
83a

11. Industry or business \_\_\_\_\_  
 12. Name William Oglo  
 13. Birthplace Whiteville, Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Agee  
 15. Birthplace Nodway County, Missouri  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Tom McBrien  
 (b) Address Richmond, Missouri

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?

17. (a) Burial (b) Date thereof 2-27-1852  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Missouri

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

18. (a) Signature of funeral director [Signature]  
 (b) Address Richmond, Missouri

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Richmond, Mo Date signed 3-11-43

19. (a) 3/10 43 (b) Mrs. Susie W. Sheppard  
 (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

150  
Health Officer No. 8,  
File Number \_\_\_\_\_  
Date Filed 4-12-43

**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, ~~XXX~~ \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *E. J. [Signature]* \_\_\_\_\_

Licensed Embalmer No. 2073 \_\_\_\_\_

P. O. Address Richmond, Va. \_\_\_\_\_

**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.