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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16388

State File No.

Registrar's No.

FILED JUL 18 1946

Primary Registration District No. 5466

448

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural S. Campbell Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route # 9 Springfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
60 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME George H. Shull

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased Dec. (Month) 6 (Day) 1867 (Year)

8. AGE: Years 78 Months 5 Days 17 If less than one day hr. min.

9. Birthplace UNK. (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Geo. H. Shull

(b) Address Route # 9 Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 5-27-46 (Date received local registrar) (b) H.H. Lohmeyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural S. Campbell Township
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 9 Springfield
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1946 hour 3 minute 30p. M.

21. I hereby certify that I attended the deceased from 4-15, 1946 to 5-23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary insufficiency

Due to Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97

Of autopsy

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?

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

23. Signature H.H. Lohmeyer other

Address Springfield, Mo. Date signed 5-24

Duration

Underline the cause to which death should be charged statistically.

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.....

..... Roy H. Mercer Jr......, Registered Apprentice No. 380.....
working under my personal supervision.

Signed.....

Walter E Hamilton

Licensed Embalmer No. 3808.....

P. O. Address. Springfield, 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.

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