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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Eggs
30066

State File No. _____
Registrar's No. 748

FILED SEP 25 1946

Registration District No. 128

Primary Registration District No. 5466

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

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution None
48 Years (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Elizabeth Shull

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George H. Shull

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

7. Birth date of deceased April 19 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER {

11. Industry or business _____

12. Name Charles Kahre

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Cecil Putman

(b) Address Springfield, Missouri

17. (c) Burial (b) Date thereof 19/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

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

(b) Address Springfield, Missouri

19. (a) 9-17-46 (b) W S Landley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37

(c) City or town Springfield
(If outside city or town limits, write "RURAL") 0

(d) Street No. Route # 9
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 10
1946 to Sept 13 1946
that I last saw h. er alive on Sept 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 12 hrs

Due to Arteriosclerosis 15 yrs
generalized

Other conditions Cholelithiasis, Chronic 15 yrs
(Include pregnancy within 3 months death)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy 94A

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? _____

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

23. Signature Dr. Eggs (M. D. or other) _____
Address 450 1/2 E. Court, Springfield, Mo Date sign 14 Sept 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.....

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

Signed W. 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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