

NOV 17 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

37567  
Do not use this space.

1. PLACE OF DEATH

(a) County Hunklin Registration District No. 282  
(b) Township Union Primary Registration District No. 02401 Registered No. 50  
(c) City..... (d) Street No.....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Shady S George

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beulah George

22. I HEREBY CERTIFY, That I attended deceased, from Oct 5, 1937, to Oct 6, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 - 1892

I last saw him alive on Sept 5, 1937 Death is said to have occurred on the date stated above, at 9:15 p.m.

7. AGE YEARS 45 MONTHS 6 DAYS 0 If LESS than 1 day, ..... hrs. or ..... min.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
9. Industry or business in which work was done, as saw mill, bank, etc. -  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ✓

Typhoid fever Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Other contributory causes of importance: 1

FATHER 13. NAME Link George

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER 15. MAIDEN NAME Anna Powers

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT Mrs Shady George (ADDRESS) Campbell, Mo

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Camp DATE Oct 7, 1937

Manner of injury.....

Nature of injury.....

19. FUNERAL DIRECTOR Land Funeral Home (ADDRESS) Campbell

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

20. FILED 19/7, 1937 Edw Sanders Local Registrar.

(Signed) John H Brown, M. D. (Address) Campbell Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

35

**STATEMENT BY LICENSED EMBALMER**

I, Not Embalmed, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**