

DEC'D JAN 24 1939

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

43044

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 312
 (b) Township Jackson Primary Registration District No. 5431a Registered No. 24
 (c) City Farm Road Street No. _____
 (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

(a) Residence, No. 432 Charles Ira Shultz St. King City, Mo.
 (Usual place of abode, if no street address, write county of city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irene Shultz
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-21-1873
 7. AGE YEARS 65 MONTHS - DAYS 58 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmers
 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) 12-18-38 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) King City, Mo. (STATE OR COUNTRY) _____

13. NAME Norman C Shultz
 14. BIRTHPLACE (CITY OR TOWN) Paris (STATE OR COUNTRY) _____

15. MAIDEN NAME Mary Bishop
 16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Irene Shultz
King City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE King City, Mo. DATE 12-21-38

19. FUNERAL DIRECTOR (ADDRESS) W. J. Taggart
King City, Mo.

20. FILED 12-21-1938 Donald O. Smith Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19-1938
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on Dec 17, 1938. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
943
 Other contributory causes of importance:
Coronary Sclerosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) W. E. Blue, M. D.

(Address) King City, Mo.

STATEMENT BY LICENSED EMBALMER

I, R. G. Taggart, Licensed Embalmer No. 2563
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed R. G. Taggart
Licensed Embalmer No. 2563

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.)