

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

40198
Do not use this space.

1. PLACE OF DEATH
 (a) County Wagon Registration District No. 526
 (b) Township South Independence Registration District No. 5701
 (c) City Atlanta mo. (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Emma Shuff
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Jacob Shuff
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13-1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co Ohio
 FATHER 13. NAME Travis Rouch
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louden Co Va
 MOTHER 15. MAIDEN NAME Margaret Battlett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louden Co Va
 17. INFORMANT Rena Parselle
 (ADDRESS) Atlanta mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest DATE Oct 13 1939
 19. FUNERAL DIRECTOR (NAME) Embroiding
 (ADDRESS) Atlanta mo
 20. FILED Oct 15 1939 Ruth McNeely
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1939 to Oct 11 1939
 I last saw him alive on _____, 19____. 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:
Arterial Hypertension Date of onset 2/11-39
 Other contributory causes of importance: Old Age
 Name of operation _____ Date of _____
 What test confirmed diagnosis? obscure Was there an autopsy? no
 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? no
 If so, specify _____
 (Signed) Dr. J. R. Corcoran, M. D.
 (Address) New Canaan mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2084

Date Filed DEC 6 1939

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, _____

H M Goodding, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed H M Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta Ga

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, above space should be left blank.