

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

41049
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township Center Primary Registration District No. 3039
 or Nevada
 (c) City Nevada (d) Street No. 419 S. Ash St.
 (e) Length of residence in city or town where death occurred 3 yrs. 11 mos. 19 da. (If death occurred in Hospital or Institution, write its name instead of street and number) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 282

2. PRINT FULL NAME Agnettie Shankoltzer

(a) Residence, No. 419 S. Ash St. 419 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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 - 1860
 7. AGE YEARS 78 MONTHS 11 DAYS 7 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 8 - 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 1 to Nov 8
 I last saw h. on alive on Nov 7 - 5 1939. Death is said to have occurred on the date stated above, at 7:30 a.m. The principal cause of death and related causes of importance were as follows:

Pneumonia
1012
 Other contributory causes of importance:
Anterio Scurra

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fountain Co Ind
 FATHER 13. NAME Squire Shankoltzer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
 MOTHER 15. MAIDEN NAME Emma Williams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
 17. INFORMANT (ADDRESS) Charley Thompson
Nevada Mo
 18. BURIAL, CREMATION, OR REMOVAL Woolley Cemetery DATE Nov 10 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Terrell Funeral Home
Nevada Mo
 20. FILED Nov 10 1939 Allen V. Hays
Local Registrar.

Name of operation Date of
 What test confirmed diagnosis? Sputum 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?
 (Signed) J M Hays M. D.
795 (Address) Nevada 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. 7,

District File Number 12-39-1706

Date Filed 12-12-39

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 Personally

....., Registered Apprentice No.

working under my personal supervision.

Signed

Lloyd B. Winnett

Licensed Embalmer No. 3857

P. O. Address Nevada, 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, above space should be left blank.