

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7131
State File No. 17
Registrar's No. _____

Registration District No. 104 1940

Primary Registration District No. 3024

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: S. St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 50 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette

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

(d) Street No. S. St
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME: JAMES WILLIAM SHOUSE JR.

(b) If veteran, name war NO

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1940 hour 2 minute 15 P. M.

4. Sex ma

5. Color or race W

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

(b) Name of husband or wife Mattie Rice

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

7. Birth date of deceased Jan. 6 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1937 to Feb 12 1940; that I last saw him alive on Feb 12 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 1 Days 6
If less than one day hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage
Due to Genl arteriosclerosis (obstructed vasculum)

Duration few
hours

9. Birthplace Westport, Jackson Co. MO
(City, town, or county) (State or foreign country)

Due to _____

Other conditions: 121
(Include pregnancy within 3 months of death)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name John C Shouse /

18. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Anne Campbell /

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

Major findings: _____

Of operations _____

Of autopsy no

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Living Shouse

(b) Address Concordia, Kan

17. (a) Burial (b) Date thereof Feb. 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, MO

18. (a) Signature of funeral director Winkler

(b) Address Livingston, MO

19. (a) Feb. 14 (b) Delea Sales
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature [Signature] (M. D. [Signature])
Address [Signature] Date signed 3/7/40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-18-40

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

Signed Geo. A. McKean
Licensed Embalmer No. 2983
P. O. Address Leesington, 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.