. S. No. 2
—11-10-39
v. 5-17-39
I X21492

52

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

FILED APR 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11465

Registration District No. 444 Primary Registration District No. 5603 Registrar's No. 22

1. PLACE OF DEATH:

(a) County: Knox.

(b) City or town: Knox, City. (rural) Myrtle

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community Life.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: Knox.

(c) City or town: Knox, City. (rural)

(If outside city or town limits write "RURAL")

(d) Street No.

(If rural, give location)

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

3. (a) PRINT FULL NAME: Smith Hamilton Shouse.

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Margaret Boltz Shouse.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Aug (Month) - 12 (Day) -1869. (Year)

8. AGE: Years 70. Months 7. Days 1. If less than one day hr. min.

9. Birthplace: Knox, City. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer.

11. Industry or business:

FATHER 12. Name: James Shouse.

13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Amy Ellison.

15. Birthplace: New York. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Glenn Parrish

(b) Address: Rutledge, Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 3-17-1940. (Month) (Day) (Year)

(c) Place: burial or cremation: Knox, City, Missouri.

18. (a) Signature of funeral director: Reid Hudson

(b) Address: Edina Missouri

19. (a) Mar 16 1940 (Date received local registrar) (b) Mrs C. M. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1940 hour nine minute 20 A.M.

21. I hereby certify that I attended the deceased from March 13 - 1940, to Mar. 13, 1940 that I last saw him alive on Mar. 13, 1940 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental traumatism caused by run away horse.

Due to:

Due to:

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

Major findings: Of operations: none

Of autopsy: none

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident

(b) Date of occurrence: Mar. 13, 1940

(c) Where did injury occur? Knox City (City or town) Knox (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm (Specify type of place)

While at work? yes (e) Means of injury: Runaway Team Horses

23. Signature: Graham Bray (M. D. or other) Do.

Address: Edina, Mo. Date signed 3-16-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 10
District File Number 4-40-283
Date Filed APR 10 1940

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina 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.