

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28686

Registration District No. 391

Primary Registration District No. 4230

Registrar's No. 22

1. PLACE OF DEATH:  
(a) County Iron  
(b) City or town Ironton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days)  
8. (a) PRINT FULL NAME Alice Shuler 46

8. (b) If veteran, name war  No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife P. H. Shuler  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar 30 - 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Wife

11. Industry or business Home work

12. Name L. H. Gale

13. Birthplace Bohketown Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Loran Ann Madrox

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

16. (a) Informant John Gale  
(b) Address Bismarck Mo

17. (a) burial (b) Date thereof Aug. 7, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown Mo

18. (a) Signature of funeral director Norman White & Sons  
(b) Address 227 White Ironton Mo.

19. (a) Aug 7-40 (b) Julia B. Huston  
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Madison  
(c) City or town Fredericktown  
(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.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 6  
year 1940 hour 6 minute A M.  
21. I hereby certify that I attended the deceased from 1-17-40  
\_\_\_\_\_ 19\_\_\_\_, to 8-6 1940,  
that I last saw h. alive on 8-5 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy  
Duration 7 mos.

Due to arterial sclerosis, general  
Myocarditis, chronic

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? no

no (Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Ben W. Bull (M. D. or other) M. D.  
Address Ironton, Mo. Date signed 8-6-40

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

7

11-11-11

**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.....

*Amel J. White*

Licensed Embalmer No.....

*3012*

P. O. Address.....

*Winton Del.*

**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.**