

No. 2  
1-10-39  
-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28930**

**FILED SEP 23 1940**

Registration District No. **470**

Primary Registration District No. **5-6-33**

Registrar's No. **97**

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

1. PLACE OF DEATH

(a) County Lawrence  
(b) City or town Mt Vernon Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 139 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Schultz

8. (b) If veteran, name war no 3. (c) Social Security No. none known

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellie Mayson Shultz 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased June 17 1902  
(Month) (Day) (Year)

8. AGE: Years 38 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Senath Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business:

MOTHER, FATHER { 12. Name Willie Shultz  
13. Birthplace Harrisville Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Bangor  
15. Birthplace Senath Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Michael Reed Clerk

(b) Address Missouri State Sanatorium

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

(c) Place: burial or cremation Kennett, Mo

18. (a) Signature of funeral director Forest Funeral Home  
(b) Address Mt. Vernon, Mo

19. (a) 8-16-40 (b) P.A. FLORES  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin  
(c) City or town Kennett  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15<sup>th</sup>  
year 1940 hour 5:37 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 30<sup>th</sup> 1940 to Aug 15 1940  
that I last saw him alive on Aug 15 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced bilateral tuberculosis 8 mo.

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

Due to Poss. the Otitis media  
Other condition Tuberculosis meningitis  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations not  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_

(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? 421  
(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature James W. Cram (M. D. or other) MD  
Address Mt. Vernon Date signed 8-15-40

RECEIVED

District Health Officer No. 6,

District File Number, 940-2534

Date Filed SEP 6 1947

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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.....

Max Fossett

Registered Apprentice No. 268

working under my personal supervision.

Signed Mrs H. D. Fossett

Licensed Embalmer No. 2770

P. O. Address Mt. Vernon, W.

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.