

1. PLACE OF DEATH:
 (a) County SULLIVAN
 (b) City or town RURAL - BUSHANAN TOWNSHIP
(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 20
(Specify whether)
 In this community 5 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County POTNAM
 (c) City or town RURAL
(If outside city or town limit, 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 AMANDA SHIESEL
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None
 4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife JOHN SHIESEL
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased NOVEMBER - 18 - 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month OCTOBER day 23
 year 1940 hour 8 O'CLOCK minute _____ P.M.
 21. I hereby certify that I attended the deceased from Sept 27
 _____, 1940 to Oct 23, 1940
 that I last saw him alive on Oct 15, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach
 Duration 7

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>11</u>	<u>5</u>	hr. _____ min. _____

Due to _____
 Due to Hb
 Other conditions Hb
(Include pregnancy within 3 months of death)

9. Birthplace POTNAM MO.
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOUSEWORK
12. Name RUBEN O. CHILDERS
13. Birthplace Dont know
(City, town or county) (State or foreign country)
14. Maiden name Dont know
15. Birthplace Dont know
(City, town, or county) (State or foreign country)
16. (a) Informant Farrist Hoover
(b) Address Green City, MO.
17. (a) BURIAL (b) Date thereof OCT. 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CHRISTIAN HOME CEMETERY
18. (a) Signature of funeral director CONSTOCK FUNERAL HOME
(Specify type of place)
(b) Address Unionville, Mo.
19. (a) Oct 31 1940 (b) Virginia Gibson
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy _____
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) _____
 (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? _____ (e) Means of injury _____
23. Signature W. H. Hoover (M. D. or other) _____
Address Unionville, MO. **Date signed** 10/27/40

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

RECEIVED

District Health Officer No. 10

District File Number 11-40-2024

Date Filed NOV 8 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.....

J. W. Constock....., Registered Apprentice No. 132
working under my personal supervision.

Signed J. W. Constock
Licensed Embalmer No. 3891
P. O. Address Unionville 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.