

FILED JAN 21 1947

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

48255
Do not use this space.

1. PLACE OF DEATH

(a) County Mon. teau Registration District No. 574
(b) Township Harrison Primary Registration District No. 0773A Registered No. 8
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mon. teau County St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Temme
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 6-1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 9 11
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 0

FATHER 13. NAME John Shad 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Miss Ida Shad
Barnett, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopeville Cemetery Dec 21 46

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Kidwell
Wassillas, Mo.

20. FILED 12/27 1946 Jewell W. Phillips
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 17 1946

22. I HEREBY CERTIFY, That I attended deceased from 12/13, 1946, to 12/17, 1946
I last saw him alive on 12/17 4:55 pm, 1946 Death is said to have occurred on the date stated above, at 4:55 pm.
The principal cause of death and related causes of importance were as follows:

Haemorrhage of Stomach 12/13/46
117A
Gastric Ulcer 1928

Other contributory causes of importance: 117A

Name of operation..... Date of.....
What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify G. D. Waller, M. D.
(Signed) Eldon Mo!
(Address)

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 *Rene Routham*

Licensed Embalmer No. *4021*

P. O. Address *Verzailles, 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.