

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

22987
State File No. _____
Registrar's No. 180

Registration District No. 875 Primary Registration District No. 6162

08
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural (Washington T. P. Mo.)
(c) Name of hospital or institution: Hall Hosp. # 3 2
(d) Length of stay: In hospital or institution 4.5 days
In this community same

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Vernon/08
(c) City or town Harwood
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Amos Shute
8. (b) If veteran, name war Unknown 8. (c) Social Security No. Unknown

4. Sex M (S) 5. Color or race W 6. (a) Single, widowed, married, divorced. W (M)
6. (b) Name of husband or wife Elizabeth Palmer 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased OK OK 72
(Month) (Day) (Year)

8. AGE: Years 72 Months DK Days DK If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Shute
13. Birthplace _____ (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant: Hosp. Record
(b) Address _____

17. (a) Burial (b) Date thereof 6/13/41
(c) Place: burial or cremation Harwood Mo

18. (a) Signature of funeral director: Owagaw
(b) Address Harwood Mo

19. (a) June 12 1941 (b) Allen Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 12 year 1941 hour 5 minute 0 M.
21. I hereby certify that I attended the deceased from April 29, 1941, to June 12, 1941;
that I last saw him alive on June 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Cervix & Metastases Duration DK

Due to Influenza Pneumonia 5 days

Due to _____

Other conditions (Include pregnancy within 3 months of death) 469

Major findings: Of operations _____

Of autopsy as above

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? Yes

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature A. Hopkins (M. D. or other) 0
Address Nebraska Mo Date signed 6/12/41

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

RECEIVED

District Health Officer No. 7;

District File Number 7-41-1105

Date Filed 7-7-41

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 OUTWAGGNER

Licensed Embalmer No. 2709

P. O. Address Harvard, Ill

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.