

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 306439
Registrar's No. 27

Registration District No. 2 1942

Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)
In this community 1 DAY

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
(c) City or town BUNCETON
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GRACE EVELYN SHULER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEBRUARY 14 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 -1 hr. min.

9. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

MOTHER FATHER { 12. Name RAY EDWIN SHULER
13. Birthplace MANKETO KANSAS
(City, town, or county) (State or foreign country)
14. Maiden name LUCILLE BURRELL
15. Birthplace PISGAH MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant RAY EDWIN SHULER
(b) Address BUNCETON, MISSOURI

17. (a) BURIAL (b) Date thereof 2/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE CEMETERY STEGNER & KOENIG

18. (a) Signature of funeral director _____
(b) Address BOONVILLE, MO.

19. (a) 2-16-1942 (b) Dr. Chas. Swap.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 15th
year 1942 hour 9:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 14 1942 to Feb 15 1942
that I last saw her alive on Feb 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Exencephalus (congenital) Duration _____

Due to _____

Due to _____

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

Major findings: Of operations none PHYSICIAN _____

Of autopsy none 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? _____ (Specify type of place) (c) Means of injury _____
23. Signature J. C. Beckett M.D. (M. D. or other) _____
Address Boonville, Mo Date signed 2-16-42

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

1088

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-11-42

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 James W. Segner
Licensed Embalmer No. 3680
P. O. Address Boonville, 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, fact should be so stated above.

HOLD FUNERAL SERVICES FOR INFANT DAUGHTER

Funeral services were held this afternoon for Grace Evelyn Shuler, infant daughter of Mr. and Mrs. Edwin Shuler of Bunceton, who died at the St. Joseph Hospital last night at 9:45 p. m.

The child was (born) Saturday afternoon at 4 p. m. at the family home four miles west of Bunceton and brought to the hospital that evening. (Kelly trip) No-5299

Besides the parents, she is survived by her maternal grandparents, Mr. and Mrs. Lester Burrell of near Bunceton.

The services this afternoon, were held at Stegner & Koenig funeral parlors and burial was in the Walnut Grove cemetery. The Rev. Paul Weber of the Baptist church officiated. No Birth Certificate filed.