

FILED MAY 30 1942

Registration District No.

Primary Registration District No. 2001

328

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: 425 Chery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Years
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 423 Cherry
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1942 hour 12 minute 120 A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage
Due to Bullet wound of chest
Due to Physician in attendance

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence April 26 1942
(c) Where did injury occur? Springfield Greene Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)
While at work? no (e) Means of injury Revolver

23. Signature Ernest C Stone, Coroner (M. D. or other)
Address Springfield Mo Date signed 4-26-42

3. (a) PRINT FULL NAME Grayce Monteya Shull

3. (b) If veteran, name war no 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 Single 6. (c) Age of husband or wife if alive XY years

7. Birth date of deceased Nov. 29 1917
(Month) (Day) (Year)

8. AGE: Years 24 Months 4 Days 27
If less than one day hr. min.

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

10. Usual occupation School teacher

11. Industry or business

12. Name Clarence E. Shull

13. Birthplace Lawrence County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Zeba Yancey

15. Birthplace Lawrence County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Shull

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof April 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-27-42 (b) E.W. Handley
(Date received local registrar) (Registrar's signature)

984

Duration

Instant

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *L. Paul W. Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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, fact should be so stated above.

X