V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20642

State File No.

Registration District No. 73

Primary Registration District No. 3006-5118

Registrar's No. 128

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wilhite Convalescent Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10 2 4

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME John Marion Shouse

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

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 Sept (Month) 18 (Day) 1867 (Year)

8. AGE: Years 74 Months 8 Days 7 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name John Shouse
13. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah Arnold
15. Birthplace Sarah (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Stella Mountjoy
(b) Address Ashland Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bonds Chapel

18. (a) Signature of funeral director Holt & Burnett
(b) Address Ashland Mo

19. (a) 6-26-1942 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1942 hour 1:5 minute P.M.

21. I hereby certify that I attended the deceased from 6-17- 1942, to 6-25 1942 that I last saw him alive on June 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Several yrs.

Due to age

Due to .....

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

Major findings:
Of operations .....
Of autopsy No

Duration

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) No

(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? No (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature W. R. Dysart (M. D. or other) M.D.

Address Columbia Mo Date signed 6-27-42

1250 (Licensed Embalmer's Statement on Reverse Side)

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 Me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Wm E. F. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland 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.