

FILED OCT 9 1942

Registration District No. 41

Primary Registration District No. 5130

Registrar's No.

11
00
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County BUCHANAN

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

(c) Name of hospital or institution:
R.F.D. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 90 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County BUCHANAN

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

(d) Street No. R.F.D. 2 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME NATHANIEL ALPHEOUS SHEARER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1942 hour 8 minute 30 P.M.

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

6. (b) Name of husband or wife MARY E. GORE SHEARER 6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased SEPT 22 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1, 1942
to Sept 11, 1942
that I last saw him alive on Sept 10, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>84</u>		<u>11</u>	<u>20</u>	hr. min.

Immediate cause of death Uremia Duration 10 da

Due to chronic nephritis 2 yro

9. Birthplace FORT SCOTT KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

Other conditions (Include pregnancy within 3 months of death) 1318

11. Industry or business _____

MOTHER FATHER { 12. Name CALEB SHEARER

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

14. Maiden name UNKNOWN

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

Major findings: Of operations None

Of autopsy Not done

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

16. (a) Informant Mrs. M. A. Shearer
(b) Address RUSHVILLE MO.

17. (a) BURIAL (b) Date thereof SEPT 14/42
(Burial, cremation, or removal) (Month) (Day) (Year)
SUGAR CREEK

(c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director M. B. Stanton
(b) Address ATCHISON KANSAS

19. (a) 9/14/42 (b) Opel C. Jansen
(Date received local registrar) (Registrar's signature)

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

23. Signature A. Whitaker M. D. or other _____
Address Atchison Kans Date signed 9/14/42

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 *Wm. S. Stanton Jr.*

Licensed Embalmer No. *3778*

P. O. Address *Richison, Va.*

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.