

FILED JAN 13 1943

Registration District No. 42

Primary Registration District No. 1002

Registrar's No. 1230

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town St. Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1504, 4th. Avenue,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 42 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan //
(c) City or town Saint Joseph, //
(If outside city or town limits, write "RURAL")
(d) Street No. 1504, 4th. Avenue, 7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country..... Q

3. (a) PRINT FULL NAME Jesse A. Shultz,

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Laura Shultz, 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased October 22nd, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 2 4 hr. min.

9. Birthplace Indianapolis, Indiana, 1
(City, town, or county) (State or foreign country)

10. Usual occupation Chief Engineer,

11. Industry or business St. Joseph's Hospital

12. Name Francis M. Shultz,
13. Birthplace Maryville, Indiana, 1
(City, town, or county) (State or foreign country)
14. Maiden name Glenn A. Crabb,
15. Birthplace Washington, Indiana, 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. A. Shultz
(b) Address 1504, 4th. Avenue,
17. (a) Burial (b) Date thereof 12/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.
18. (a) Signature of funeral director W. B. ...
(b) Address 319 So. 10th. Street - Home
19. (a) 12-29-42 (b) Rose Heng...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 26th.
year 1942 hour 3:00 minute a. M.

21. I hereby certify that I attended the deceased from Dec. 23, 1942 to Dec. 26, 1942
that I last saw him live on Dec. 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 1 hr.
Due to Coronary Arteriosclerosis 2 yrs

Due to
Other conditions none 94
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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) (e) Means of injury Q
23. Signature G. T. Blawie (M. D. or other) 7418
Address 1218 N. 3rd St. Date signed 12/26/42

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

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

11
1
7

JAN 13 1949

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.....

12/26/42....., Registered Apprentice No.....
working under my personal supervision.

Signed

Harold Bowman

Licensed Embalmer No. 3619

P. O. Address. St Joseph, 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.