

FILED MAR 8 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

Registrar's No. 209

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(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)

In this community 1 day  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan 999

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

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

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

If yes, name country \_\_\_\_\_

3. (a) PRINTED FULL NAME EUGENE SHUTTS

3. (b) If veteran, name war None

3. (c) Social Security No. None

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 Feb. 26 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	11	28	hr. min.

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

10. Usual occupation Laborer

11. Industry or business Common

MOTHER FATHER

12. Name John Shutts

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

14. Maiden name Mary Baskins

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

16. (a) Informant Kay A. Moll

(b) Address Highland, Kansas

17. (a) removal (b) Date thereof 2/24/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparks, Kansas

18. (a) Signature of funeral director *W. Eaton*

(b) Address St. Joseph, Mo. Home

19. (a) 2-24-43 (b) Rose Hertz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24  
year 1943 hour 1:00 minute 45 A. M.

21. I hereby certify that I attended the deceased from 2-23-43  
1943, to 2-24-43, 1943

that I last saw him alive on 2-23-43, 1943  
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Myocarditis Chronic

Due to Family

Due to 930

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations None

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)

(e) Means of injury \_\_\_\_\_

23. Signature Paul Ferguson (M. D. or other)

Address St. Joseph, Mo. Date signed 2-24-43

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

2-3 355-

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.....  
not embalmed..... 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.