S. No. 2
M—5-42
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9689

Registration District No. 42

Primary Registration District No. 1002

Registrar's No. 299

1. PLACE OF DEATH:

(a) County: Buchanan

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

(c) Name of hospital or institution: 1015 Green Street, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 42 years,

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.: 1015 Green Street, (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Francis Marion Shultz,

3. (b) If veteran, name war: None,

3. (c) Social Security No. 491-10-9116

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Glenn A. Shultz,

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: July 26th. 1867 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	7	9	hr. min.

9. Birthplace: Medaryville, (City, town, or county) Indiana, (State or foreign country)

10. Usual occupation: Engineer,

11. Industry or business: Stationary,

FATHER

12. Name: John Shultz,

13. Birthplace: Unknown, (City, town, or county) Indiana, (State or foreign country)

MOTHER

14. Maiden name: Unknown,

15. Birthplace: Unknown, (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Francis M. Shultz

(b) Address: 1015 Green Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/8/43 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director: Heaton-Bryant-Bauman Funeral

(b) Address: 319 So. 10th Street. Home

19. (a) 3-8-43 (Date received local registrar) (b) Roe Hezzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 5th. year: 1943 hour: 9:00 minute: 15 P.M.

21. I hereby certify that I attended the deceased from March 1, 1943, to March 5, 1943, that I last saw him alive on March 5, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia (Bronchial)	
Due to: Influenza	
Due to: Coryza	
Other conditions: Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ✓ 33 Ao
Of autopsy: ✓

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): ✓

(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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury: 0

23. Signature: Collin Kennedy (M. D. or other)

Address: Kirgavenel Bldg Date signed: 7-43

1258 (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~~ 3/5/43, Registered Apprentice No. ✓, working under my personal supervision.

Signed J. 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.