

FILED APR 8 1943

Registration District No. 1070

Primary Registration District No. 4262

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Knox

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 52

(a) State Missouri (b) County Knox 0

(c) City or town Knox City 0  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME Cora Leigh Shutts

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

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, 2 divorced widowed

6. (b) Name of husband or wife John Shutts 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May - 28 - 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 9 23 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business.....

MOTHER FATHER

12. Name Thomas OBrien

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Knowels

15. Birthplace England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. L. Colley

(b) Address Knox city Mo

17. (a) burial (b) Date thereof March 23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bee Ridge

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina Missouri

19. (a) Mar 23-43 (b) W. L. Northcutt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21  
year 1943 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1943 to March 1943  
that I last saw her alive on Feb 27 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart lesion Duration

Due to Diabetic mellitus

Due to.....

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

Major findings: 61

Of operations.....

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Rial McReynolds (M. D. or other)

Address Knox City Mo Date signed 3/27/43

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

020

RECEIVED

District Health Officer No. 10

District File Number 4-43-657

Date Filed APR 7 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.....

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

working under my personal supervision.

Signed.....

*Keith Hudson*

Licensed Embalmer No.....

*2415*

P. O. Address.....

*Eelina, Missou*

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.