

U.S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

REC'D APR 14 1943
Registration District No. 207

Primary Registration District No. 5756

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County. Maries

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 2 Years. (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME. Laurindo Ellen Shults

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Silas A. Shults.

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

7. Birth date of deceased April 24 1856.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>10</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name George E. Vaughn

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

14. Maiden name Rebecca Terry

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

16. (a) Informant Maud Phillips

(b) Address Bell Missouri

17. (a) Burial (b) Date thereof Mar. 10 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crow Cemetery

18. (a) Signature of funeral director Wm. T. Shaffer

(b) Address Sullivan Missouri

19. (a) 3-11-43 (b) Erma Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1943 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from Feb 17, 1942 to March 8, 1943;
that I last saw her alive on March 6, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hepatitis Duration 3 yrs

Myocardial Degeneration

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1216

Major findings: 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) (a) Means of injury _____

23. Signature R. H. Schornhaas (M.D. or other) _____
Address Belle, Mo Date signed 3/9/43

1090

APR 22 1947

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 Edgar W. Lafford
Licensed Embalmer No. 3394
P. O. Address Sullivan 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, above space should be left blank.