S. No. 2
M—1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14100

MAY 11 1943

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 83

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. MARYS HOSPITAL O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66 O

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

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

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME FANNIE ABIGAIL Shuster

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife OMAR Shuster

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov. (Month) 13 (Day) 1891 (Year)

8. AGE: Years 51 Months 5 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Moniteau, Co. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business ~~J.H. SMITH~~

FATHER
12. Name J.H. SMITH
13. Birthplace — (City, town, or county) MICHIGAN (State or foreign country)

MOTHER
14. Maiden name MARY J. PARKES
15. Birthplace Moniteau, Co. (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Omar Shuster
(b) Address Eldon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Mo.

19. (a) 4-16-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr. 6 1943 to Apr. 16 1943 that I last saw her alive on Apr. 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to Empyema and Lung abscess

Due to Pneumonia Lobar

Other conditions Bronchiectasis bilateral
(Include pregnancy within 3 months of death)

Major findings:
Of operations 108
Of autopsy

Duration

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 .....

23. Signature J. A. Ossman (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 4-17-43

(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 Louis D. Phillips, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Cedar

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.