

No. 2  
-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27585  
Registrar's No. 114

FILED SEP 14 1943

Registration District No. 18

Primary Registration District No. 3002

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

1. PLACE OF DEATH:

(a) County AUDRAIN  
(b) City or town MEXICO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
AUDRAIN COUNTY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 72 hours  
(Specify whether  
In this community 42 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County AUDRAIN  
(c) City or town VANDALIA  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME LEONIA BELL SHUCK

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. AAA-

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife. \_\_\_\_\_ 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Birth date of deceased JULY 15 1864  
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace ROLLS COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name THURTON NUTGRASS

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

14. Maiden name NANCY J. JOHNSON

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

16. (a) Informant Mrs. Odessa Bell Shuck Shuck

(b) Address Vandalia, Missouri

17. (a) Burial (b) Date thereof Aug. 17 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Mo.

18. (a) Signature of funeral director W.S. Waters

(b) Address Vandalia Missouri

19. (a) Aug-17-1943 (b) Margaret H. Markes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15  
year 1943 hour 6:15 minute AM

21. I hereby certify that I attended the deceased from 7:00 PM  
Aug 14, 1943 to Aug 15, 1943  
that I last saw her alive on Aug 14, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis  
Chronic Nephritis

Due to \_\_\_\_\_

Other conditions General aedema  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations. 1318

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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 W.A. Brasher (M. D. or other) M.D.  
Address Mexico, Mo Date signed 8/15/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 9-43-1533

Date Filed SEP 10 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

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.