S. No. 2
M—9-4-41
5-17-39
1 X29184

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36048

FILED NOV 13 1943

Registration District No. 3 6 3 — Primary Registration District No. 6236 — Registrar's No. 17

1. PLACE OF DEATH:
(a) County WARREN
(b) City or town PEERS Mo. (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 1 (Specify whether years, months or days)
In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren
(c) City or town Peers Mo (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELLEN Bridget SHAULL
3. (b) If veteran, name war
3. (c) Social Security No.
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 (Month) 4 (Day) 1862 (Year)
8. AGE: Years 81 Months 3 Days 8 If less than one day hr. min.
9. Birthplace Dundee Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name H. McWILLIAMS
13. Birthplace Washington Mo 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name JULIA MILLER
15. Birthplace New Hayen Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Fred Shaull
(b) Address La Cygne Kans.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14. 1943 (Month) (Day) (Year)
(c) Place: burial or cremation New Port Mo.
18. (a) Signature of funeral director Fred W Lichtenberg
(b) Address Marthasville Mo
19. (a) Oct. 13, 1943 (Date received local registrar) (b) Ethel Kehr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1943 hour 10 minute 20 P.M.
21. I hereby certify that I attended the deceased from Oct 8 1943 to Oct 12 1943 that I last saw h. alive on Oct 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemiplegia	
Cerebral Hemorrhage	5 days
Due to Arteria Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work (e) Means of injury
23. Signature (M. D. or other)
Address Marthasville Mo. Date signed

1263 (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.....

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

working under my personal supervision.

Signed Fred W. Richtenberg

Licensed Embalmer No. 1321

P. O. Address Martinsville Va

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.