

S. No. 2
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5-17-39
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1986

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

FILED MAY 11 1944
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 727 Highland
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Adaline Shults
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 Married
6. (b) Name of husband or wife John Shults
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased June 15 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 21
If less than one day hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER {
12. Name Auso Cobb
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Fetty White
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant John Shults
(b) Address 727 Highland

17. (a) Removal (b) Date thereof May 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Intan Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklun

19. (a) 5-6-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1944 hour 7:50 minute 0 .M.

21. I hereby certify that I attended the deceased from Republic 19 _____, 19 _____
that I last saw him alive on _____, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Shock
Acute pulmonary congestion

Due to Fracture of right leg

Due to _____

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

Major findings: Of operations _____
Of autopsy see above
186a-5
18

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) accident 12.3

(b) Date of occurrence 5/4/44

(c) Where did injury occur? Jackson, Mo.
(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)
Means of injury Fall

23. Signature A. E. Washer (M. D. or other)
Address 23rd & McRee Date signed 5/6/44

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.....

Park G Rowe

Licensed Embalmer No.....

2347

P. O. Address.....

71 E 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, fact should be so stated above.