

FILED AUG 2 1944
Registration District No. 72

Primary Registration District No. 1000

State File No. _____
Registrar's No. 767

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 1823 North 2nd St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. none 1
 85 years (Specify whether)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan 11
 (c) City or town St. Joseph 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1823 North 2nd St 7
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Samuel S. Shull
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 21
 year 1944 hour 12 minute 45 A. M.
 21. I hereby certify that I attended the deceased from July 16
 1944 to July 17 1944
 that I last saw him alive on July 17 1944
 and that death occurred on the date and hour stated above.

4. Sex Male
 5. Color or race white
 6. (a) Single, widowed, married, divorced, widower
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: December 20, 1860
 (Month) (Day) (Year)

Immediate cause of death:
 Cerebral Thrombosis 5 days
 Due to arteriosclerosis 18 yrs

8. AGE: Years Months Days If less than one day
 83 7 1 hr. min.

Due to _____
 Other conditions (include pregnancy within 3 months of death)
 Major findings: 83 f
 Of operations: _____
 Of autopsy: _____

9. Birthplace Buchanan County, Mo; 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business _____

12. Name William Shull
 13. Birthplace Ohio 0
 (City, town, or county) (State or foreign country)

14. Maiden name Harriett McConnell
 15. Birthplace Pennsylvania 1
 (City, town, or county) (State or foreign country)

16. (a) Informant A. P. Shull

(b) Address 122 1/2 North 5th St, St. Joseph

17. (a) Burial (b) Date thereof 7/24/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address 224 South 10th St, St. Joseph

19. (a) 7/24/44 (b) Helen S. Pickle
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature of Charles B. Kernner M. D. (other)
 Address 231 Kirkwood Bldg Date signed 7-31-1944

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

NOV 9 1919

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 *Mollie E. Sidenaden*

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, 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.