MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED JUL 18 1944

Do not use this space.

1. PLACE OF DEATH
County Macon — Registration District No. 204 — File No.
Township — Primary Registration District No. 4315 — Registered No.
City La Plata (No. ..... St. ..... Ward)

2. FULL NAME Laura Florence Shouse
(a) Residence, No. ✓ St., ✓ Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Shouse
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 - 1868
7. AGE YEARS 75 MONTHS 1 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife at home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME John M. Plemmons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Susanah Atteberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Missouri

17. INFORMANT (ADDRESS) Mrs Otis Loveridge La Plata Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE La Plata Mo DATE Oct 3 1943
19. UNDERTAKER (ADDRESS) D. S. Christie La Plata Mo
20. FILED Sept 30 1943 Nina Lonch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30, 1943
22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to Sept 30, 1943
I last saw her alive on Sept 30, 1943 Death is said to have occurred on the date stated above, at 8.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic Intestinal Nephritis	

Other contributory causes of importance: 131 a

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. H. Beckley, M. D.
(Address) La Plata Missouri

WRITE PLAINLY, WITH UNFADING [redacted] THIS IS A PERMANENT RECORD [redacted]
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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