S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34565

State File No.

Registration District No. 167 Primary Registration District No. 5609 Registrar's No. 35

51
0
0

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rose Hill Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #1, Latour, Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Route #1, Latour, Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country xxxx 0

3. (a) PRINT FULL NAME JOHN SHELLER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Lucy B. Sheller

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 17, 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 27 If less than one day ___ hr. ___ min.

9. Birthplace Bucyrus, Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business on farm

FATHER
12. Name Jacob Sheller
13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa White
15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lucy B. Sheller
(b) Address Route #1, LaTour, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18, 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery

18. (c) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri

19. (a) 10-17-44 (Date received local registrar) (b) Kathryn S. Canaday (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day October
year 1944 hour 11:25 minute A M.

21. I hereby certify that I attended the deceased from did not attend, 19__, to ___, 19__;
that I last saw him alive on dead October 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed chest
In automobile accident due to loss of control caused by xxx heart attack

Due to xxxxxx

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

Major findings:
Of operations xxxxxx

Of autopsy xxxxxxxx

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

170C-6
28

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 051

(b) Date of occurrence October 14, 1944

(c) Where did injury occur? ~~On his farm at Latour~~ LaTour Johnson Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On his farm
(Specify type of place)

While at work? no (e) Means of injury Accidental

23. Signature Edward Andrews 3 (M. D. Coroner)
Address Holden Mo Date signed 10/17/44

100

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1964

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 M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden 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.