

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40617

State File No. \_\_\_\_\_

FILED DEC 29 1944

Primary Registration District No. 4044

Registrar's No. 14

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

1. PLACE OF DEATH:  
 (a) County Boone  
 (b) City or town Sturgeon  
 (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) 1  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community all of life years, months or days

3. (a) PRINT FULL NAME WILLIAM OMER SHEARER  
 3. (b) If veteran, name war World War #I 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Nov. 22 1887  
 (Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sturgeon Boone Co MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Edward T. Shearer  
 13. Birthplace Ky!  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary E. Brink  
 15. Birthplace Ky!  
 (City, town, or county) (State or foreign country)

16. (a) Informant London W. Shearer  
 (b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof Dec 20-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Local Home

18. (a) Signature of funeral director Barnes & Boothe

(b) Address Sturgeon, Missouri

19. (a) 12-19-1944 (b) Mary Montgomery  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Boone 10  
 (c) City or town Sturgeon 13  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18  
 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Exposure  
 Due to \_\_\_\_\_  
 Due to 1944  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Duration  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Major findings:  
 - Of operations \_\_\_\_\_  
 Of autopsy me

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 Wain Nelson M.D. or other \_\_\_\_\_  
 Address Columbia Mo Date signed \_\_\_\_\_

3 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-28-44

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..... *A. E. Boothe*

Licensed Embalmer No. 4087

P. O. Address Sturgeon, 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.