S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40949

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 116

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty (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)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days) In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Liberty (If outside city or town limits, write "RURAL")
(d) Street No. 311 West Kansas St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME THOMAS RILEY SHOUSE
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of ~~husband or~~ wife Flora B. Shouse
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 20 (Day) 1849 (Year)

8. AGE: Years 95 Months 7 Days 27 If less than one day ___ hr. ___ min.

9. Birthplace Clay Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business —
FATHER
12. Name John Watts Shouse
13. Birthplace Franklin Co. (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Elizabeth Wertsman
15. Birthplace Clay Co. (City, town, or county) Mo (State or foreign country)
16. (a) Informant Frank O. Shouse
(b) Address Liberty Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19 (Month) 1944 (Day) (Year)
(c) Place: burial or cremation Fairview Liberty Mo
18. (a) Signature of funeral director Church-Archer Co.
(b) Address Liberty Mo
19. (a) Dec 20-44 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1944 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1940, 19__, to Dec 17, 19__; that I last saw him alive on Dec 17, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage left side affected — Duration 34 days
Due to Gen'l Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 [illegible] Goodson (M. D. or other)
Address Liberty Mo Date signed 12/18/44

926

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-9-45

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 Edgar Archer.

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.