

FILED JAN 26 1945

Registration District No.

Primary Registration District No.

40-46-5117A

State File No.

Registrar's No.

7

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural - Cedarhurst
(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)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Boone
(c) City or town Rural -
(If outside city or town limits, write "RURAL")
(d) Street No. Hartsburg - R. F. D.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elmer Shouse

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Shouse
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased: Oct 17 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 6
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Sarah John Shouse
13. Birthplace Ruth
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Shouse
15. Birthplace Ruth
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Shouse

(b) Address Hartsburg, MO.

17. (a) Burial (b) Date thereof Dec 24 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves

18. (a) Signature of funeral director W. C. Burnett

(b) Address Ashland, Mo

19. (a) Edna C. Cress (b) W. C. Burnett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1944 hour 12 minute 05A.M.

21. I hereby certify that I attended the deceased from 1942 to Dec 12 1944
that I last saw him alive on Dec 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Chronic Rheumatism

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____
Of autopsy NO

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 B. P. Meque (M. D. or other) _____
Address Hartsburg, Mo Date signed 1/3/45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 1-10-45

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.....

LeRoy C. Campbell

working under my personal supervision.

Registered Apprentice No. 377

Signed *W. C. Burnett*

Licensed Embalmer No. 3564

P. O. Address *Asland 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.