

U.S. No. 2
FORM-5-43
rev. 5-17-39
I X36871

FILED FEB 1 1946
Registration District No. _____
Primary Registration District No. 318

Primary Registration District No. _____

Registrar's No. 722

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo.-Baptist Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 36
 (c) City or town Sullivan
(If outside city or town limits, write "RURAL")
 (d) Street No. Route # 1
(If rural, give location)
 (e) Citizen of foreign country? _____
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Chloe Adams
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife William
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased March 22 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 9 29 hr. min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
 12. Name Mark Shults
 13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Sophie Shults
 15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ned White
 (b) Address 3958 Blaine Ave.

17. (a) Burial (b) Date thereof 1-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

19. (a) JAN 24 1946 J. P. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
 year 1946 hour 5:35 minute P M.
 21. I hereby certify that I attended the deceased from January 17 1946 to January 21 1946;
 that I last saw him alive on January 21 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary type Myocarditis
 Due to Coronary infarcts of heart muscle & thrombi in left ventricle
 Due to Generalized Atherosclerosis
 Other conditions Bronchial Pneumonia
(Include pregnancy within 3 months of death)

Duration 1.5
 PHYSICIAN [Signature]
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations _____
 Of autopsy as above

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) (c) Means of injury
 23. Signature [Signature] (M. D. or other) _____
 Address Ark Mo Taylor Date signed 1/21/46

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

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 Olmo R. Padwell
Licensed Embalmer No. 4077
P. O. Address.....

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.