No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5158

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 59

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

4136

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Al his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Sullivan 4
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Walter Lafayette Shults

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Aurelia Alice Shults

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June, 10, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	8	7	hr. min.

9. Birthplace Franklin Co. Mo. ^
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Silas A. Shults
13. Birthplace Arkansas /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Betty Springston
15. Birthplace Arkansas /
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Shults
(b) Address Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-46
(Month) (Day) (Year)
(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director J.T.Williams
(b) Address Sullivan, Mo.

19. (a) 2-17-46 (Date received local registrar) (b) C A Proctor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17Th.
year 1946 hour 10 minute 45 a M.

21. I hereby certify that I attended the deceased from Jan 3, 1946 to Feb 16, 1946
that I last saw him alive on Feb 16, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	1 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83b	
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 2

23. Signature G W Taylor (M.D. or other) DO
Address Sullivan Mo Date signed 2-17-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-1-46

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 J. T. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan, 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.