

No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6685

FILED MAR 2 1946
Registration District No. 274

Primary Registration District No. 3052

State File No. _____
Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
619 North Stewart
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community been at above address
years, months or days) two weeks

3. (a) PRINT FULL NAME Mrs. Emma Buckley Shull
3. (b) If veteran, name war none
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 Hollie W. Shull 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased July 26, 1895
(Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 23
If less than one day _____ hr. _____ min.

9. Birthplace Pettis County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel B. Buckley
13. Birthplace Pettis County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Gault
15. Birthplace Gainesville, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant John Buckley (bro)
(b) Address 619 N. Stewart, Sedalia, Mo.

17. (a) Burial (b) Date thereof 2-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thames Ewing
(b) Address Sedalia, Missouri

19. (a) 2/21/46 (b) Betty Yeager
(Date received local registrar) (Registrar's Signature)

251 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1946 hour 6:45 minute A. M.

21. I hereby certify that I attended the deceased from 2-6
1946 to 2-19- 1946
that I last saw her alive on 2-19- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral thrombosis
apoplexy
Due to _____
Due to Nephritis - parenchymatous
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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 A. R. Madrox (M. D. or other M.D.)
Address 116 1/2 W. Main Date signed 2/21/46

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 3-9-44

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 *Phane Gorman*

Licensed Embalmer No. 3847

P. O. Address *Seaside, Or*

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.