

S. No. 2
 OM-2-43
 v. 5-17-39
 X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **10436**

FILED MAR 18 1946

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 8

1. PLACE OF DEATH:
 (a) County Putnam
 (b) City or town Unionville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 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 life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Putnam
 (c) City or town Unionville
(If outside city or town limits, write "RURAL")
 (d) Street No. no
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Della May Shearer
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 31
 year 1945 hour 9 minute 20P M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Ernest Shearer 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 28 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 3 1945 to Dec. 31 1945
 that I last saw her alive on Dec. 31 1945
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 9 3 _____ hr. _____ min.

Immediate cause of death Arteriosclerosis with Coronary artery disease & Venous disease Duration _____

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

Due to _____
 Due to _____

10. Usual occupation homework

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER

12. Name Lucian Tuller
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Centers
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 1310

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Charles D. Shearer
 (b) Address RFD #4 Unionville, Mo.
 17. (a) Burai (b) Date thereof Jan. 2, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation West Liberty Cem.
 18. (a) Signature of funeral director F. D. Husted & Son
 (b) Address Unionville, Mo.
 19. (a) 1-30-46 (b) Marvell Durbin
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 Means of injury 2
 23. Signature Dr. H. W. Gillman M. D. or other _____
 Address Unionville Date signed Mo.

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

101070

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RECEIVED

District Health Officer No. 10

District File Number 3-46-449

Date Filed MAR 12 1946

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. O. Husler

Licensed Embalmer No. 2975

P. O. Address Unionville

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.