

STANDARD CERTIFICATE OF DEATH

State File No. 19897

Registration District No. 101

Primary Registration District No. 5411

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Rural Spencer Mo
(c) Name of hospital or institution: near Angus road
(d) Length of stay: In hospital or institution 35 years
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Rural
(d) Street No. near Angus road
(e) Citizen of foreign country? no
If yes, name country none

3. (a) PRINT FULL NAME Samuel T. Shartt

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary E 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Dec 5 1867

8. AGE: Years 78 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Spencer Missouri

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name James Shartt
13. Birthplace Wiggins
14. Maiden name Sarah Hayes
15. Birthplace Tenn

16. (a) Informant Mrs Mary Shartt
(b) Address Angus road

17. (a) Burial (b) Date thereof Mar 20 1946
(c) Place: burial or cremation Waggard Cemetery

18. (a) Signature of funeral director Roller
(b) Address Jamesville Mo

19. (a) June 25-46 (b) Vestal Bushman

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17 year 1946 hour 5:30 minute 4M.

21. I hereby certify that I attended the deceased from Sep 17 1945 to Mar 17 1946 that I last saw him alive on Mar 17 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy 468

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of injury)
(a) Means of injury

23. Signature J.L. Gentry (M. D. or other)
Address Waggard Date signed 12-46

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

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

34
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LOW

RECEIVED
District Health Officer No. 6,
District File Number 746-727
Date Filed JUL 9 - 1946

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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 Louise L Hall
Licensed Embalmer No. 2784
P. O. Address Gainesville, Tex

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.