

S. No. 2
M-8-43
5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26729
Registrar's No. 68

FILED SEP 14 1946
Registration District No. 92

Primary Registration District No. 5373

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

1. PLACE OF DEATH:

(a) County De Kalb

(b) City or town Rural Camden Sw. Co.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 1/2 to 2 miles SW of Mayville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Camden
(If outside city or town limits, write "RURAL")

(d) Street No. 422 W. 3rd St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No!)
If yes, name country _____

3. (a) PRINT FULL NAME Harry Vinton Shultz

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death accidental

Duration _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Gertrude Shultz 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan 21 1879
(Month) (Day) (Year)

Due to _____

Due to C.C. / 1951

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 67 Months 6 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Camden MO
(City, town, or county) (State or foreign country)

10. Usual occupation Exp. dealer

11. Industry or business _____

MOTHER FATHER { 12. Name Geo. P. Shultz

13. Birthplace Marble MO
(City, town, or county) (State or foreign country)

14. Maiden name Floa B. Collier

15. Birthplace Camden MO
(City, town, or county) (State or foreign country)

16. (a) Informant Uwain Shultz

(b) Address Camden MO

17. (a) Burial (b) Date thereof 8-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McManely

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Camden

19. (a) 8-25-46 (b) Walter Davidson
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accidental 32

(b) Date of occurrence Aug-20-1946

(c) Where did injury occur? Osceola county MO.
(City or town) (County) (State)

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

While at work yes (e) Means of injury Fall 3

23. Signature Wm S. Hale (M. D. or other) 3
Address Osceola MO Date signed 8/21/46

2269
AUG 21 1945

DISTRICT HEALTH OFFICE
Cameron, Mo.

DEC 4 1945

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 *C. D. Nelson*
Licensed Embalmer No. *4421*
P. O. Address *Cameron 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.