S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Epps 30066

State File No.

Registration District No. 128 Primary Registration District No. 5466 Registrar's No. 748

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Route # 9 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether In this community 48 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37

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

(d) Street No. Route # 9 (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Elizabeth 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 Widowed

6. (b) Name of husband or wife George H. Shull

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

7. Birth date of deceased April (Month) 19 (Day) 1878 (Year)

8. AGE: Years 68 Months 4 5 Days 25 6 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Kahre
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Cecil Putman

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 19/16/46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Herman H. Lohmeyer

(b) Address Springfield, Missouri

19. (a) 9-17-46 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 10, 1946, to Sept 13, 1946 that I last saw her alive on Sept 13, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	12 hrs
Due to Arteriosclerosis generalized	15 yrs
Due to	
Other conditions Cholecystitis, Chronic (Include pregnancy within 3 months of death)	15 yrs

Major findings:
Of operations —
Of autopsy —

94A

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 0

23. Signature C. L. Epps (M. D. or other)

Address 450½ E Court, Spfd. Mo Date signed 14 Sept 46

111 (Licensed Embalmer's Statement on Reverse Side)

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 Roy H. Mercer, Jr., Registered Apprentice No. 380, working under my personal supervision.

Signed W. E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.