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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1947
42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39722
Registrar's No. 1460

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McKernon Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 8 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frederick William Shultz
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife mie Agnez Shultz 6. (c) Age of husband or wife if alive dec years
7. Birth date of deceased Aug 6 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 3 25 hr. min.

9. Birthplace Mendota, Ills
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Hardware Merchant

11. Industry or business Retail

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ora Stees
(b) Address Wathena, Kansas

17. (a) Removal (b) Date thereof 12-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wathena, Kansas

18. (a) Signature of funeral director Clark Mortuary
(b) Address 502 S. King Highway, St. Joseph, Mo.

19. (a) 1-8-47 (b) 6 G. Dehler
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1946 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 1st
to Dec 1st, 1946
that I last saw him alive on Dec 1st, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis of Heart
Duration 11 mo.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none ASD
Of autopsy none ASD
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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature John H. Swartz (M. D. or other)
Address Wathena, Kansas Date signed 12-1-1946

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..... *A. L. Dadds*

Licensed Embalmer No. *Mo 3023 Kans 1626*

P. O. Address *Wathena, Kansas*

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.