

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Swedeborg, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 Missouri (b) County Pulaski
(c) City or town Swedeborg
(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 _____

3. (a) PRINT FULL NAME: Emily Elizabeth Shultz

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorce
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 17 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 14 _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Gaede
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Smith
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas Dunham

(b) Address Swedeborg, Mo.

17. (a) Burial (b) Date thereof May 4, '47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloodland Cem.

18. (a) Signature of funeral director J. L. HOOPS & SONS

(b) Address CROCKER? Mo.

19. (a) 5/13/47 (b) Thelma O. Buchholz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1947 hour 10 minute 25 A. M.

21. I hereby certify that I attended the deceased from May 1 to May 1
1947 to May 1 1947
that I last saw or alive on May 1 1947
and that death occurred on the date and home stated above.

Immediate cause of death Myocarditis
Due to Cardio-vascular
renal disease 3 yrs.
Duration 2 mo.

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

Major findings: _____
Of operations _____
Of autopsy no autopsy
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 C. J. Mallett (M. D. or other) _____
Address Crocker Mo. Date signed 5-5-47

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

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 Paul B Hoops

Licensed Embalmer No. 3261

P. O. Address Waynesville, N.C.

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.