

No. 2.  
1-1/47  
5-17-39

Registration District No. \_\_\_\_\_

Primary Registration District No. **2000**

**1. PLACE OF DEATH:**

(a) County **Adair**

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

(c) Name of hospital or institution:  
**Grim-Smith Hospital & Clinic**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Macon**

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

(d) Street No. **Route #3**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Jess Elmer Shouse**

3. (b) If veteran, name war  \_\_\_\_\_

3. (c) Social Security No.  \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Wife-Mabel Newton Shouse**

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

7. Birth date of deceased **February 3 1891**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **November** day **14**  
year **1947** hour **3:45 A.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **12 Nov., 1947** 19\_\_\_\_ to **14 Nov., 1947** 19\_\_\_\_  
that I last saw him alive on **14 Nov., 1947** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Gastro hemorrhage** Duration **1 hour**

Due to **Mesenteric thrombosis** **3 day**

Due to **Probable embolus of liver from valvular heart disease** **3 days**  
**6 mo**

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: **Probable embolus of right lobe of liver**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Underline the cause of which death should be charged statistically.

**8. AGE:** Years **56** Months **9** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Adair Co. Mo.** (City, town, or county) **2000** (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business \_\_\_\_\_

12. Name **Allen H. Shouse**

13. Birthplace **Knox Co. Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Mary M. Ransdell**

15. Birthplace **Knox Co. Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Raymond Shouse**  
(b) Address **La Plata Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov 16 47**  
(Month) (Day) (Year)

(c) Place: **burial** or cremation **La Plata Mo. City**

18. (a) Signature of funeral director **D. S. Christie**  
(b) Address **La Plata Mo.**

19. (a) **11-17-47** (Date received local registrar) (b) **Nate Lambert** (Registrar's signature)

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 **D**

23. Signature **George E. Grim** (M. D. or other) **MD**  
Address **Kirkville, Mo.** Date signed **11/14/47**

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

MOTHER FATHER

DEC 2 1947

RECEIVED  
District Health Officer No. 10  
District File Number 11-47-1627  
Date Filed NOV 26 1947

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 D. S. Christie  
Licensed Embalmer No. 1109  
P. O. Address La Plata 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.