

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11787**

FILED MAY 6 1948

Registration District No. **85**

Primary Registration District No. **3011**

Registrar's No. **32**

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

1. PLACE OF DEATH:

(a) County **Carroll**  
(b) City or town **Carrollton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**307 E 4th st**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **50 yrs** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Carroll**  
(c) City or town **Carrollton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **307 E 4th**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **GEORGE SHUTTS**

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

4. Sex **MO** 5. Color **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Blanche Smith** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Aug. 28, 1872**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **5** If less than one day hr. min.

9. Birthplace **West Virginia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

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

12. Name **James Shutts**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Lowe**

15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs George Shutts**

(b) Address **Carrollton Mo**

17. (a) **Burial** (b) Date thereof **4-3-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cem Standley & Gibson**

18. (a) Signature of funeral director **Carrollton Mo**  
(b) Address

19. (a) **4/3/48** (b) **Mr. Herbert Calvert**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **31**  
year **1948** hour **3** minute **00 A M.**

21. I hereby certify that I attended the deceased from **Mar 29, 1948**, to **Mar 31, 1948**  
that I last saw him alive on **Mar 30, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **consumption of the Heart**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy **950**  
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 **W. O. Doms** (M. D. or other) **D.C. 1**

Address **Carrollton, Mo.** Date signed **April 2 1948**

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-5-48

---

---

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Va.

**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.**