

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

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED MAY 1 1948
 STANDARD CERTIFICATE OF DEATH

State File No. **136604**

Registration District No. **274** Primary Registration District No. **3052** Registrar's No. **111**

80
 664

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

1. PLACE OF DEATH:
 (a) County **Pettis**
 (b) City or town **Sedalia**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
216 Dundee
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **36 years in Sedalia**
 years, months or days)

3. (a) PRINT FULL NAME **Isaiah Z. Shull**
 3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Arminta Davis Shull** 6. (c) Age of husband or wife if alive **deceased** years
 7. Birth date of deceased **February 22, 1875**
 (Month) (Day) (Year)

8. AGE: Years **73** Months **1** Days **2** If less than one day
 hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **Agriculture**

12. Name **Geo. Shull**

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

14. Maiden name **Lydia Doss**

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

16. (a) Informant **William Shull (son)**

(b) Address **Spring Fork, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4/16/48**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Shane Ewing**

(b) Address **Sedalia, Missouri**

19. (a) **4-15-48** (Date received local registrar) (b) **Betty Yeager** (Registrar's signature)
 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Pettis**
 (c) City or town **Sedalia**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **216 Dundee**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **14**
 year **1948** hour **5:00** minute **23** A.M.
 21. I hereby certify that I attended the deceased from **March 24**, 1948, to **April 14**, 1948;
 that I last saw him alive on **April 13**, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiovascular collapse** Duration **6 wks**
 Due to **enlarged heart - Decompensating**
 Due to _____

Other conditions **Cerebral Hemorrhage**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of 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 **2**

23. Signature **Howell** (M.D. or other) **P.O.**
 Address **Sedalia, Mo.** Date signed **4-14-48**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-30-48

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.....

Walter R. Dietz....., Registered Apprentice No. 70
working under my personal supervision.

Signed Phane Ewing.....

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.