

National Office of Vital Statistics
 FILED JUL 15 1948

State File No. _____

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 118

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Vernon ¹⁰⁸
 (c) City or town Nevada ¹
 (If outside city or town limits, write "RURAL")
 (d) Street No. 610 W. Walnut ²
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) ⁰
 If yes, name country ✓

3. (a) PRINT FULL NAME Paul Ethel Shrewsbury Sr.
 3. (b) If veteran, name was World War #2
 3. (c) Social Security No. 499-07-7984

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 30th
 year 1948 hour 11:00 minute - P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Georgia Marie Shrewsbury
 6. (c) Age of husband or wife 7 years
 7. Birth date of deceased Nov. 7 1917
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 27, 1948, to June 30, 1948
 that I last saw him alive on June 30, 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
30 7 23 hr. min.

Immediate cause of death Acute peritonitis Duration 3 da

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

Due to Perforated duodenal ulcer 3 da
 Due to _____

10. Usual occupation Employ of Chicken Hatchery

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

11. Industry or business _____

12. Name Harry Shrewsbury

Physician findings: Perforation of duodenal ulcer

13. Birthplace Vernon Co Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Judith Young

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

16. (a) Informant P. Shrewsbury

(b) Address 412 So. Nevada Mo

17. (a) Burial (b) Date thereof 7-3-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allen & Sons

(b) Address Nevada Mo

19. (a) 7-12-48 (b) 331 (Registrar's signature)
 (Date received local registrar)

Of autopsy _____

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 CR King (M. D. or other?) _____

Address Nevada, Mo Date signed 7-10-48

MOTHER FATHER

PHYSICIAN

 Underline the cause to which death should be charged statistically.

JUL 25 1948
AUG 1 1948

AUG 4 1948

RECEIVED
District Health Officer No. 7,
District File Number 789
Date Filed 7-14-48

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.....

Bert B. Bennett

Registered Apprentice No. 83

working under my personal supervision.

Signed..... *Allen E. Hayes*

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.