

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

101 REC'D MAR 25 1938

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

8323
Do not use this space.

1. PLACE OF DEATH
 (a) County Shannon Registration District No. 924
 (b) Township Sumner Primary Registration District No. 6076 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Washington Shudd 300
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Livina Shudd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-17-1847

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
90	10	10	JP

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

FATHER 13. NAME William C. Shudd 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England Vermont

MOTHER 15. MAIDEN NAME Mary A. Sinclair
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) H. A. Shudd
Sumner Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sumner County DATE 3-1-38

19. FUNERAL DIRECTOR (ADDRESS) none

20. FILED 2-28-38 Frank Hyde Mo
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-28 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb-1- 1938 to Feb-28- 1938
 I last saw him alive on Feb-25- 1938. Death is said to have occurred on the date stated above, at 11 a m.
 The principal cause of death and related causes of importance were as follows:
Cephalitis & Prostatitis
Chronic Myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Frank Hyde _____, M. D.
 (Address) Sumner Mo 744

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

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.)