

DEC'D FEB 21 1939

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

1598

Do not use this space.

1. PLACE OF DEATH ³
(a) County Boone Registration District No. 74
(b) Township Rocky Fork Primary Registration District No. 5113
(c) City _____ (d) Street No. _____ St.
(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 Walter Denver Shern
(a) Residence, No. Hallsville Mo R 1 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3rd 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
22 1 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Boone Co Mo

FATHER 13. NAME Seldon Shern
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

MOTHER 15. MAIDEN NAME Myrtle Ott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

17. INFORMANT (ADDRESS) Seldon Shern
Hallsville Mo R 795

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Rock Cem
Dec 8th 1938

19. FUNERAL DIRECTOR (ADDRESS) A. O. Willett
Columbia Mo

20. FILED 12-13- 1938 Mrs. E. L. Faucett
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7th 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:
Accidental Gunshot wound
while hunting - 12 ga.
184

Date of onset _____

Other contributory causes of importance:
Own gun self inflicted accident
in left chest.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/7, 1938
Where did injury occur? Boone Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gun shot wound 12 gauge
Nature of injury Left chest

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) M. P. Jackson Coroner
75 (Address) 20 N 9th St.

(Licensed Embalmer's Statement on Reverse Side)

Columbia, Mo

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.

STATEMENT BY LICENSED EMBALMER

Lyman H. Sprinkle

Licensed Embalmer No. *4013*

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

L. E.

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

working under my personal supervision.

Signed

Lyman H. Sprinkle

Licensed Embalmer No. *4013*

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.)