

No. 2  
4-13-40  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10677 9

State File No. \_\_\_\_\_

APR 10 1941

2001

Registrar's No. 208

Registration District No. 318

Primary Registration District No. \_\_\_\_\_

39  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE ~~Springfield~~ ~~Hopkirk~~

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

(c) City or town Waynesville Mo 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Donald Evans Shukers

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11  
year 1941 hour 1 minute 35 P.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Sept. 9 1939  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3 ~~5~~ - 3/11/1941, 1941, to 3/11/1941, 1941, that I last saw him alive on 3-11, 1941, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>6</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death Bronchial pneumonia Duration 9 day

9. Birthplace Waynesville Missouri  
(City, town, or county) (State or foreign country)

Due to Influenza no other complications 3 wks

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

10. Usual occupation Eng.

Other conditions (Include pregnancy within 3 months of death) g. g. h.

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

12. Name Burton Twiss Shukers

13. Birthplace Sedan Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Kathryn Elizabeth Evans

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

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Burton T. Shukers

(b) Address Waynesville Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Removal (b) Date thereof March 11, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waynesville, Mo.

(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? \_\_\_\_\_

18. (a) Signature of funeral director H. H. Lomeyer

(b) Address Springfield Mo

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

19. (a) 3-11-41 (b) W. E. Handley MD  
(Date received local registrar) (Registrar's signature)

23. Signature C. E. Felle (M. D. or other) D

Address Springfield Mo Date signed 3/11/41

**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

*Walter E. Hamiller*

Licensed Embalmer No.

*3808*

P. O. Address

*Springfield 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.**