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7-39  
X26390

JAN 13 1942

Registration District No. 875

Primary Registration District No. 6161

Registrar's No. 355

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Badger Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1 Badger township  
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 18 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Vernon <sup>108</sup>

(c) City or town Rural <sup>0</sup>  
(If outside city or town limits, write "RURAL.")

(d) Street No. Badger township  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William A. Shutter

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9,  
year 1941 hour 11:45 minute A M.

21. I hereby certify that I attended the deceased from  
Nov. 21, 1941 to Dec. 8, 1941  
that I last saw him alive on Dec. 8  
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race w

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

6. (b) Name of husband or wife Maggie Shutter

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Jan 11, 1884  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Duration ?

8. AGE: Years Months Days If less than one day

57 10 28 hr. min.

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

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

Other conditions (Include pregnancy within 3 months of death) 93d

9. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name George H. Shutter

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

14. Maiden name Maggie Lockhart

15. Birthplace Ind.  
(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 Maggie Shutter

(b) Address Wardell Mo R13

17. (a) Burial (b) Date thereof 12/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sandstone Cemetery

18. (a) Signature of funeral director Ferry Funeral Home  
(b) Address no add, mo

19. (a) 12-18-41 (b) Allen V. Hoang  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

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

23. Signature Thomas G. Suckett (M. D. or other) M.D.  
Address Sheldon, Mo. Date signed 12/2/41

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

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2118

Date Filed 1-7-42

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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.....

*Lloyd R. Winsett*

Licensed Embalmer No. 3857

P. O. Address Wvada, 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.**