

FILED FEB 11 1942  
Registration District No. **662**

Primary Registration District No. **3232**

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

1. PLACE OF DEATH:

(a) County **Pettis**  
(b) City or town **Sedalia City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2050 East 7th**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **thirty-five years**  
years, months or days)

3. (a) PRINT FULL NAME **Henry Wesley Shull**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Anna Elizabeth Shull** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 1, 1863**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **9** Days **16** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Benton County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer (retired)**

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

MOTHER FATHER { 12. Name **Henry Shull** 7  
13. Birthplace **unknown** (City, town, or county) (State or foreign country) 7

14. Maiden name **unknown**  
15. Birthplace **unknown** (City, town, or county) (State or foreign country) 4

16. (a) Informant **Robert Shull (son)**  
(b) Address **2050 East 7th, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **1/19/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Luann Ewing**  
(b) Address **Sedalia, Missouri**

19. (a) **1/19/42** (b) **Melissa Berger**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis** 80  
(c) City or town **Sedalia** 6  
(If outside city or town limits, write "RURAL") 4  
(d) Street No. **2050 East 7th**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **17**  
year **1942** hour **10:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **20**  
**September** 1941, to **Jan 17** 1942  
that I last saw him alive on **December 30** 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia** Duration \_\_\_\_\_

Due to **Hypertension**

Due to **Arterio Sclerosis**  
**Intermittent Nephritis**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy **13/1a**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **[Signature]** (M. D. or other) \_\_\_\_\_  
Address **Sedalia** Date signed **1/17/42**

1022

RECEIVED

City Health Officer No. 8,

File Number.....

Filed 2-10-42

---

---

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 John E. Myers.....

Licensed Embalmer No. 13220.....

P. O. Address Lebanon 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.**