

FILED JUN 16 1942

Registration District No. 801

Primary Registration District No. 4430

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Sweet Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Sweet Springs
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1942 hour 11 minute 30 P M.
21. I hereby certify that I attended the deceased from _____ 1940 to May 15 1942
that I last saw him alive on May 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 2 weeks
Due to arteriosclerosis
Due to _____
Other conditions Diabetes Mellitus 2 yrs
(Include pregnancy within 3 months of death)
Major findings: 61
Of operations _____
Of autopsy _____

Duration
2 weeks
2 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME JACOB FRANKLIN SHULL
3. (b) If veteran, ✓ name war _____
3. (c) Social Security No. ✓

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Etha L Shull 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased: April 4 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 11 If less than one day ✓ hr. ✓ min.

9. Birthplace Fristoe 0 Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer Retired
11. Industry or business General Farm Work
12. Name George Shull
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Lillian M Lawson
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Etha Lema Shull
(b) Address Sweet Springs Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-1942
(Month) (Day) (Year)
(c) Place: burial or cremation Coron Hill Cemetery Saline Mo

18. (a) Signature of funeral director Jessett Arney
(b) Address Sweet Springs Mo
19. (a) May 16-42 (Date received local registrar) (b) Mrs Dora Hoffmann (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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Robert Ellis (M. D. or other) 0
Address _____ Date signed 5/16/42

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

MOTHER FATHER

1218

RECEIVED

District Health Officer No. 3,

District File Number.....

Date Filed 6-10-42

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.....

Licensed Embalmer No. 2314

P. O. Address.....

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.