

V. S. No. 2  
OM-9-4-41  
Rev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Call 2 31496

State File No. ....

FILED OCT 13 1942

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 151

97  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Saline

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

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

(d) Length of stay: In hospital or institution 15 yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline

(c) City or town Marshall  
(If outside city or town limits, write "RURAL")

(d) Street No. FF 3 W Jackson  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM RICHARD SHULL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mamie Fidler Shull 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct - 8 - 1870  
(Month) (Day) (Year)

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

71 11 21 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Green County mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER

12. Name James Shull

13. Birthplace Benton Co. mo  
(City, town, or county) (State or foreign country)

14. Maiden name Edwards

15. Birthplace Benton Co. mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie E Shull

(b) Address Marshall mo

17. (a) Burial (b) Date thereof 9-30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cem. Marshall mo

18. (a) Signature of funeral director Harry Heroldinger

(b) Address Marshall mo

19. (a) 9-30-42 (b) Mrs T.O. Westhoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 3 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from Sept 20 1942 to Sept 29 1942 that I last saw him alive on Sept 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis Aneurysm

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

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

Other conditions (Include pregnancy within 3 months of death) 13a

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

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

Duration ?

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 0

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Marshall Date signed 9/30/42

1215 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10-9-42

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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

*Fred Wilkinson*

Licensed Embalmer No.

*2478*

P. O. Address

*Clinton Ma*

**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.**