

S. No. 2  
M-5-42  
v. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 16 1942

Registration District No. 1

Primary Registration District No. 4018

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: 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 27 years.  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

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

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

3. (a) PRINT FULL NAME Jennie Mabel Stuart

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry T. Stuart 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased February 10, 1878  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8  
year 1942 hour 7 minute X M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>9</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Wilmington Vermont  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wounds Duration \_\_\_\_\_

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

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

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

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

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

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

MOTHER FATHER

12. Name John L. Shaw

13. Birthplace Steventown, N.Y.  
(City, town, or county) (State or foreign country)

14. Maiden name Addie Stone

15. Birthplace Bennington, Vermont  
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Platter

(b) Address Rush Hill, Mo.

17. (a) Burial (b) Date thereof 12 11/6 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Earl T. Pugh

(b) Address Mexico, Mo.

19. (a) Dec 11th 1942 (b) Mary C. Jacob  
(Date received local registrar) (Registrar's signature)

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) Homicide 12/8/42

(b) Date of occurrence 12/8/42

(c) Where did injury occur? Rush Hill Audrain Mo.  
(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) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature E. A. Shamos (M, D. or other) \_\_\_\_\_  
Address Acting Co. power, Audrain Co. Date dictated \_\_\_\_\_

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

4  
0  
0

269  
12/16/42

1947

JAN 28 1948  
DEC 12 1947

**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.....

Earl E. Precht....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.**