No. 2
-1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11083

FILED APR 9 1943

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 87

80
6
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 1701 South Kentucky /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community four years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

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

(d) Street No. 1701 South Kentucky
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ada Elsie Steele Shults

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 John W. Shults

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 12, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	7	2	hr. min.

9. Birthplace Cooper County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John H. Steele
13. Birthplace Cooper County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Katherine King
15. Birthplace Cooper County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Shults (husband)

(b) Address 1701 S. Kentucky, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/43 (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cemetery Otterville, Missouri

18. (a) Signature of funeral director Ewing Funeral Home

(b) Address Sedalia, Mo.

19. (a) 3/16/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1943 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1941, to March 14, 1943
that I last saw her alive on March 14, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis, Chronic Parenchymatous	Several year
Due to Asymptotes	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	—
Major findings: Of operations Ch. Myocarditis	PHYSICIAN
Of autopsy 131 P	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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. A. Beckemeier (M. D. ~~or other~~)

Address Sedalia Mo Date signed 3/16/43

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-8-43

Mr. Beckinger.

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 A J Sim

Licensed Embalmer No. 1407

P. O. Address Sedalia M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.