

FILED JUN 12 1943
Registration District No. _____

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(c) Name of hospital or institution: Ellis HOSPITAL
(d) Length of stay: _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon
(c) City or town Elmer
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Mary A. Shultheiss

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

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

6. (b) Name of husband or wife Henry Shultheiss 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 17 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 9 13 hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business _____

MOTHER FATHER { 12. Name George McMahan
13. Birthplace Irland
14. Maiden name Hannan Wright
15. Birthplace Irland
(City, town, or county) (State or foreign country)

16. (a) Informant Oral Shultheiss

(b) Address Ethel Mo

17. (a) Rural (b) Date thereof May 2 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bell Cemetery

18. (a) Signature of funeral director M. McCollum

(b) Address South Gifford Mo.

19. (a) May 6 1943 (b) Mrs. J. Wayne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1943 hour One minute 5 P.M.

21. I hereby certify that I attended the deceased from Mar. 28 1943 to April 30 1943
that I last saw her alive on April 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 R R Ellis (M. D. or other) _____

Address Kirksville Mo Date signed 5-5-43

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

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

1044

RECEIVED

District Health Officer No. 10

District File Number 6-43-1083

Date Filed JUN 11 1943

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 *W. H. McCallum*

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.