

JUN 3 1943 128
Registration District No. 318

Primary Registration District No. 2000

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 632 W. Kearney
(If rural, give location) Mo.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME CHARLES A. SHURTE

3. (b) If veteran, name war NONE 3. (c) Social Security No. 500-01-2587

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PEARL SHURTE 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased NOV 4 1893
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Adams Co. Ill (City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business Painting

12. Name John Shurte

13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

14. Maiden name Matha Macklin

15. Birthplace Adams Co. Ill (City, town, or county) (State or foreign country)

16. (a) Informant Pearl Shurte

(b) Address Springfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1943 (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Bur.

18. (a) Signature of funeral director J. W. King & Co.

(b) Address Springfield, Mo.

19. (a) 5-13-43 (Date received local registrar) (b) J. W. Standley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-10-43, 19____, to 5-11-43, 19____; that I last saw him alive on 5-11-43, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Shock Pulmonary Edema Duration 30 hrs. 8 hrs.

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

Major findings: 1220 Of operations _____ Of autopsy _____

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) (c) Means of injury _____

23. Signature J. W. Standley M.D. (M. D. or other) _____ Address Springfield, Mo. Date signed 5/12/43

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

MOTHER FATHER

JUN 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.....

J. B. Wagner

Licensed Embalmer No.....

3358

P. O. Address.....

Springfield, 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.

X