

No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31070**

FILED SEP 22 1943
Registration District No. 1

Primary Registration District No. 4003

Registrar's No. 236

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Gibbs (Rural)
(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 all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Adair
(c) City or town LaPlata (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALPHA W. SHOUSE

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 Virginia Shouse 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 4 1882 (Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Mo. Co. Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Allen H. Shouse
13. Birthplace Mo. Co. Mo. 0 (City, town, or county) (State or foreign country)
14. Maiden name Mary Janicki
15. Birthplace Mo. Co. Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alpha Shouse
(b) Address LaPlata, Mo. P.O.

17. (a) Burial (b) Date thereof 9-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Wilson Town

18. (a) Signature of funeral director Took P. Conley
(b) Address Brashear, Mo.

19. (a) 9/7/43 (b) Mrs. J. W. Wagoner (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1943 hour 11 minute 45 p.M.

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

Immediate cause of death Cerebral Apoplexy
Duration Sudden

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 8301

Major findings: 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) (e) Means of injury _____
23. Signature H. M. Humphrey (M. D. or other) MD
Address Brashear, Mo. Date signed 9-3-43

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

MOTHER FATHER

1049

(Licensed Embalmer's Statement on Reverse Side)

SEP 22 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: *Foster P. Easley*
Licensed Embalmer No. *1146*
P. O. Address *Brookhaven, Miss.*

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.