

5. No. 2
-11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34539**
Registrar's No. **31**

ED NOV 10 1943
Registration District No. **7/4**

Primary Registration District No. **5432**

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

1. PLACE OF DEATH:

(a) County **FRANKLIN**

(b) City or town **SULLIVAN, Rural.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Mrs. A. M. ...**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **85 Years.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**

(c) City or town **Sullivan, (Rural)**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Purline Frances Shaffer**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** **5. Color or race** **White**

6. (a) Single, widowed, married, divorced. **Widowed**

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

7. Birth date of deceased **April 9 1858**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	6	4	hr. _____ min.

9. Birthplace **Washington Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER

12. Name **William Hulsey**

18. Birthplace **U. S. A.**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Horine.**

15. Birthplace **U. S. A.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elmer Shaffer**

(b) Address **Sullivan, Missouri.**

17. (a) Burial **(b) Date thereof 10/17/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sullivan, Mo.**

18. (a) Signature of funeral director **W. A. Shaffer**

(b) Address **Sullivan, Missouri.**

19. (a) Oct. 15/43 (b) Gilbert ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **13**
year **1943** hour **6** minute **30 P.M.**

21. I hereby certify that I attended the deceased from 10-10-43 to 10-13-43
that I last saw him alive on **10-12-43** and that death occurred on the date and hour stated above.

Immediate cause of death

Chc. Myocardite **3 yrs**

Chc. Atherosclerosis

Due to _____

Other conditions **13/4**
(Include pregnancy within 3 months of death)

Major findings: **13/4**

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? _____

23. Signature **W. A. Shaffer** (M. D. or other)

Address **Sullivan, Mo** **Date signed 10-21/43**

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.....

Edgar W. Paffoon

Licensed Embalmer No.....

3394

P. O. Address.....

Sullivan, 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, above space should be left blank.