

Registration District No. 291

Primary Registration District No. 433

1. PLACE OF DEATH:
(a) County PATNAM
(b) City or town UNIONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 YEARS
In this community 35 YEARS
years, months or days (Specify whether)

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

3. (a) PRINT FULL NAME ABRAHAM LINCOLN SHULTZ
(b) If veteran, name war —
(c) Social Security No. —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 27
year 1943 hour 12 minute 05 P.M.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ADA GENEVA SHULTZ
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased SEPT - 16 - 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June - 1943 to Dec. 27, 1943.
that I last saw him alive on Dec. 27, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 3 Days 11
If less than one day hr. min.

Immediate cause of death Flu
Duration 3 days

9. Birthplace INDIANA COUNTY PENN
(City, town, or county) (State or foreign country)

Due to General Arteriosclerosis - 10 yrs

10. Usual occupation FARMER

Due to Myocarditis 1 yr

11. Industry or business FARM

Other conditions (Include pregnancy within 3 months of death) 938

12. Name William Shultz

Major findings: Of operations —

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

Of autopsy —

14. Maiden name MARY COY

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant John W Shultz

(b) Address 618 W 27 Cheyenne, Wyo

17. (a) BURIAL (b) Date thereof Dec 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNIONVILLE CEMETERY

18. (a) Signature of funeral director CONSTANT FUNERAL HOME

(b) Address UNIONVILLE MO. BY J. W. Constant

19. (a) 1/21/44 (b) —
(Date received local registrar)

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 J. W. Shultz (M. D. or other) —

Address Unionville Mo Date signed 1/20/44

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

MOTHER FATHER

MAR 27 1950

SEP 18 1952

FEB 21 1956

JAN 10 1966

RECEIVED
District Health Officer No. 10
District File Number 1-44-46
Date Filed JAN 10 1944

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 James W Comstock
Licensed Embalmer No. 4197
P. O. Address Unionville, 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.