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FILED DEC 10 1947-

Registration District No. 273

Primary Registration District No. 5834

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town R.R. # 1 Neosho  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community All Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73  
(c) City or town R.R. # 1 Neosho, Mo 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. R.R. # 1 0  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Earl Lewis Shuey

3. (b) If veteran, name war No 3. (c) Social Security No. 500-09-2847

4. Sex Male ( ) 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Irma 6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased July 3 1905  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 5 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Neosho, R.R. # 1 Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Miner

11. Industry or business Self

12. Name S.L. Shuey

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

14. Maiden name Mary Henderson

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

16. (a) Informant Mrs Earl L. Shuey

(b) Address R.R. # 1 Neosho, Mo.

17. (a) Burial (b) Date thereof Dec 6, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Mo.

18. (a) Signature of funeral director Clark-Bigham Mortuary

(b) Address Neosho, Mo.

19. (a) Dec. 6, 1947 (b) Melvin C. Borman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 4th  
year 1947 hour 11.35 minute A.M. M.

21. I hereby certify that I attended the deceased from 3-25-47 to Dec. 4 19 47  
that I last saw him TM alive on November 20 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Collapse Duration \_\_\_\_\_

Due to Cardio-renal insufficiency months

Due to Pericarditis--acute attack in 1945

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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 1

23. Signature [Signature] (M. D. or other) D.O.

Address Frisco Bldg. Joplin, Mo. Date signed 12-5-47

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

MOTHER FATHER

**RECEIVED**

District Health Officer No. *Newton*

District File Number *1247-227*

Date Filed **DEC 8 1947**

**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 *H. Ly White*

Licensed Embalmer No. *4240*

P. O. Address *Neosho, 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.**