

No. 300
10-47
5-17-39
P 1 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32244

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 335

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution:
617 R. Independence St.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution Not in hospital
(Specify whether)

In this community 4 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Gir. 16

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL") 14

(d) Street No. 617 R. Independence St. 1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Everett Shoults

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-24-5912

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willie Shoults

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 19 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd
year 1948 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration

Due to _____

Due to _____

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.

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>6</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation Retired Laborer

11. Industry or business _____

MOTHER FATHER

12. Name John R. Shoults

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

14. Maiden name Rebecca Reed

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

16. (a) Informant Willie Shoults

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 11-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Apple Creek Cemetery

18. (a) Signature of funeral director C. J. Lohrey

(b) Address Cape Girardeau, Mo.

19. (a) 11-3-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

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 3

23. Signature Dr. J. F. Luginand (M.D. or other)

Address Jackson, Mo. Date signed 11/9/48

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

RECEIVED

Health Officer No. 4

File Number 1148-136

Date 11-8-48

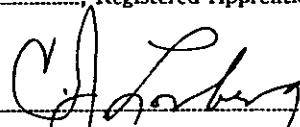
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.