

Registration District No. 53 Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution 11 Weeks St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 weeks
(Specify whether years, months or days)

In this community 23 Years

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau 4
(If outside city or town limits, write "RURAL")

(d) Street No. 820 Themis
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry William Shoults

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased Oct 14 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>17</u>	hr. min.

9. Birthplace Cape County Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Unknown

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

14. Maiden name 7

15. Birthplace 7
(City, town, or county) (State or foreign country)

16. (a) Informant Vay Shoults

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof 4 2 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont

18. (a) Signature of funeral director J. H. Howell

(b) Address Cape Girardeau Mo

19. (a) 4-5-43 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1943 hour 8 7 minute 30 p. m.

21. I hereby certify that I attended the deceased from 1-15 1943 to 3-31 1943
that I last saw him alive on 3-31 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia

Due to FR R Hyp

Other conditions (Include pregnancy within 3 months of death) 16

Major findings: Of operations FR Hyp
Of autopsy

Duration
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) 115

(b) Date of occurrence 3-15-43

(c) Where did injury occur? Cape Girardeau
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature W. H. Phelps (M. D. or other)

Address Cape Girardeau Mo Date signed 4-2-43

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

16
1
4

MOTHER FATHER

1014

RECEIVED

District Health Officer No. 4
District File Number 443-2078
Date Filed 4-7-43

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.....

J. H. Howell

Licensed Embalmer No. 3390

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.