S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1947

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37337

Primary Registration District No. 3010

Registrar's No. 365

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1127 So Ellis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 9 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County CAPE GIR
(c) City or town CAPE GIRARDEAU.
(If outside city or town limits, write "RURAL")
(d) Street No. 1127 So. ELLIS ST
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LAURA C. SHOULTS
3. (b) If veteran, name war —
3. (c) Social Security No. —

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 MAR. 6 1857
(Month) (Day) (Year)

8. AGE: Years 90 Months 8 Days 17 If less than one day hr. min.

9. Birthplace APPLETON (City, town, or county) Mo (State or foreign country)
10. Usual occupation HOUSE WORK
11. Industry or business HOME
FATHER
12. Name JAMES WHITLEDGE
13. Birthplace APPLETON. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name KILLY NATIONS
15. Birthplace APPLETON. Mo (City, town, or county) (State or foreign country)
16. (a) Informant G. HENSLEY
(b) Address CAPE GIRARDEAU.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-25-1947 (Month) (Day) (Year)
(c) Place: burial or cremation POCAHONTAS Mo
18. (a) Signature of funeral director Walthers Funeral Home
(b) Address Cape Girardeau Mo
19. (a) 11-29-47 (Date received local registrar) (b) C. C. Dunnen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1947 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from , 19 , to Nov. 23 , 1947
that I last saw her alive on Nov. 23 , 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation.	?
Due to: Auricular Fibrillation.	
Due to:	
Other conditions (Includes 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 0

23. Signature Charles F. Wilson (M. D. or other) M.D.
Address 727 Broadway Date signed 11-24-47

(Licensed Embalmer's Statement on Reverse Side) Cape Girardeau, Mo.

RECEIVED

District Health Officer No. 4

District File Number 1247-1504

Date Filed 12-1-47

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

Richard O. Laird, Registered Apprentice No. 502,

working under my personal supervision.

Signed Virgil T. Kelch

Licensed Embalmer No. 4102

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.