LEG'D JAN 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42211
Do not use this space.

1. PLACE OF DEATH
(a) County Barry — Registration District No. 29
(b) Township Flat Creek — Primary Registration District No. 4021 — Registered No. 26
(c) City Cassville Mo — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Delbert Cleo Shrum
(a) Residence, No. Cassville, Mo. St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11 - 1910
7. AGE: YEARS 28 — MONTHS 3 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Advertizing
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co., Missouri

FATHER
13. NAME Morse Shrum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co., Mo

MOTHER
15. MAIDEN NAME Sarah Archer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Marie Cummings Cassville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Vernon, Mo DATE 12/1 1938
19. FUNERAL DIRECTOR (ADDRESS) Koon Funeral Home Cassville, Mo
20. FILED 12-5 1938 Geo. Newman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933, to Nov 28, 1938
Last saw him alive on Nov 28, 1938. Death is said to have occurred on the date stated above, at 4:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Hemorrhage	1/2/38
701	

Other contributory causes of importance:

Hemophilia	Life

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. E. McDaniel M.D.
(Address) Cassville, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUM-7-20-37 I X12004

RECEIVED
District Health Officer No. 6,
District File Number 6-38-891
Date Filed DEC 19 1938

STATEMENT BY LICENSED EMBALMER

I, Eugene Wood, Licensed Embalmer No. 3804

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Eugene Wood

L. E.

No. 3804 or by, Registered Apprentice No.

working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

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.)