

JAN 17 1941

Registration District No. 11359

Primary Registration District No. 5549

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Graniteville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 2

3. (a) PRINT FULL NAME Minnie Nannie Schrum
3. (b) If veteran, name war. # _____ 3. (c) Social Security No. # _____

4. Sex fem. 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Julius Schrum 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 14, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Lewis Mund
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Hanna Winkler
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Schrum
(b) Address Graniteville Mo.

17. (a) burial (b) Date thereof 12/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Munger Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address Ironton Mo.

19. (a) Dec 18, 1940 (b) Mrs. J. A. Townsend.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Graniteville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1940 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec. 17th
1940 to Dec. 18th 1940
that I last saw h. er alive on Dec. 18th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death acute thro - colitis Duration 12/16/40
Due to acute naso-pharyngitis 12/6/40

Due to _____
Other conditions chronic myocarditis?
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations 130
Of autopsy _____
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? _____

356
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. E. Harland (M. D. or other) Dr. D.
Address Ironton Mo. Date signed 12/24/40

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ^{not} me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

Ernest J. White

Licensed Embalmer No.

3012

P. O. Address

Smith Road

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.