

No. 2  
-13-40  
17-39  
X23159

FILED MAR 25 1941 791

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 1436

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BARNES HOSPITAL  
(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)

3. (a) PRINT FULL NAME GEORGE SHUMATE

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Nellie B. 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 19 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 9 23 hr. min.

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

10. Usual occupation State Highway Dep't.

11. Industry or business \_\_\_\_\_

12. Name George Shumate

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

14. Maiden name Bessie Kemper

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

16. (a) Informant Mrs. Nellie B. Shumate

(b) Address New Florence, Mo.

17. (a) Removal (b) Date thereof 2/13/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Florence, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) FEB 13 1941 (b) J. T. Bledsoe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 71  
(c) City or town New Florence NRO  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11  
year 1941 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from January 14, 1941, to February 11, 1941, that I last saw him alive on February 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Bronchopneumonia RLL

Due to Leukemic infiltration of  
Kidneys

Due to Chronic myelogenous kidneys

Other conditions Bronchopneumonia RLL  
(Include pregnancy within 3 months of death)  
Generalized arteriosclerosis

Major findings: Of operations \_\_\_\_\_

Of autopsy as above J. H. A.

22. If death was due to external causes, fill in the following: 72  
(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 \_\_\_\_\_

23. Signature John H. Mayer Jr. (M. D. or other) 0  
Address BARNES HOSPITAL Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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.....

*Guy W Wilkinson*

Licensed Embalmer No.....

*3575*

P. O. Address.....

**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.**