

FILED JUN 20 1941  
826

6087

Registration District No. 826

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Rural  
(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 all his life  
In this community all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Edward Pflum

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race w

6. (a) Single, widowed, married, divorced, divorced

6. (b) Name of husband or wife

Georgie Pflum

6. (c) Age of husband or wife if alive

23 1869  
(Day) (Year)

7. Birth date of deceased

Aug

23 1869  
(Day) (Year)

8. AGE:

Years 71 Months 9 Days 4 If less than one day hr. min.

9. Birthplace

Shelby Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation

Farming

11. Industry or business

12. Name

Charles Pflum

13. Birthplace

Germany  
(City, town, or county) (State or foreign country)

14. Maiden name

Sarah Culler

15. Birthplace

Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant

Paul Pflum

(b) Address

Shelbyville Mo

17. (a) (Burial, cremation, or removal)

Burial (b) Date thereof 5-29-41  
(Month) (Day) (Year)

(c) Place: burial or cremation

Ruin Cemetery

18. (a) Signature of funeral director

William Barkley

(b) Address

Shelbyville - Mo

19. (a) June 3 1941 (b) Mrs C O Musgrove  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1941 hour 05 minute P.M.

21. I hereby certify that I attended the deceased from May 27 1941 to May 27 1941  
that I last saw him alive on May 27 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Labor  
Pneumonia  
Duration 1 day

Due to

Due to

Other conditions: (Include 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

23. Signature Dr. Howard P. Dutton M. D. or other  
Address Bethel Mo Date signed 5/28/41

RECEIVED

District Health Officer No. 10

District File Number 6-41-1128

Date Filed JUN 18 1941

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.....

Licensed Embalmer No. 3498

P. O. Address Bethel - 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.