

Registration District No. 461

Primary Registration District No. 3024

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Lafayette  
(b) City or town Luxington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1806 Onida  
(If not in hospital or institution, write street number or location).  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 45 yrs / \_\_\_\_\_ (Specify whether)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette  
(c) City or town Luxington, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1806 Onida  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1941 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 20, 1940 to June 23, 1941  
that I last saw him alive on June 23, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death mitral stenosis Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Hypertension  
(Include pregnancy within \_\_\_\_\_ 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?  
800 \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature B. H. Brasher (M. D. or other) \_\_\_\_\_  
Address Luxington, Mo Date signed 6/28/41

3. (a) PRINT FULL NAME James William Shurmartine

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex ma 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Izora Darnell 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept. 10 1861  
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer

11. Industry or business retired

12. Name not known

18. Birthplace " "  
(City, town, or county) (State or foreign country)

14. Maiden name not knowing

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

16. (a) Informant Mrs. Izora Sherman  
(b) Address Luxington, Mo

17. (a) Burial (b) Date thereof: June 25 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxington, Mo

18. (a) Signature of funeral director Winkler  
(b) Address Luxington, Mo  
19. (a) June 23/41 (b) Delia Baker  
(Date received local registrar) (Registrar's signature)

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

*Brooklyn*

RECEIVED

District Health Officer No. 8,

District File Number

7-8-41

Date Filed

**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.....

*Geo A McKean*

Licensed Embalmer No. *2983*

P. O. Address *Leungton, 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, above space should be left blank.