

FILLED JUL 9 1941

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp # 3 21
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 months 27 days
(Specify whether)
In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. R-3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Shumate

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 1 Married
6. (b) Name of husband or wife Lilly Shumate 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Sept. 27 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 19 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Isaac Shumate
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Skidmore
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hoop. Reed
(b) Address _____

17. (a) Burial (b) Date thereof 6/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg, Mo.

18. (a) Signature of funeral director W. F. Wilcox
(b) Address Warrensburg, Mo.

19. (a) 6-15-41 (b) Allen V. Hoop
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1941 hour 1:15 minute 15 A.M.
21. I hereby certify that I attended the deceased from Aug 19, 1940
1940 to June 15 1941
that I last saw him alive on June 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myocarditis
Due to Enlarged intercoronary
Due to _____
Other conditions (include pregnancy within 3 months of death) 97H
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?
195
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. J. Conner (M. D. or other) _____
Address Warrensburg Mo. Date signed 6/15/41

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

58
0
0

RECEIVED

District Health Officer No. 71

District File Number 7-41-1102

Date Filed 7-7-41

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.....

Donald Turpin

Licensed Embalmer No. 3053

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, above space should be left blank.