

FILLED AUG 1 1941

Registration District No. 727

Primary Registration District No. 59.59

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural (Saltriver Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Perry, Mo R.F.D. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month. (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Lee Shomate.

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 Married
6. (b) Name of husband or wife Mary E. Shomate. 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased April, 2, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 21 hr. min.

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

10. Usual occupation Farmer.

11. Industry or business Farm.

MOTHER FATHER { 12. Name Harty Shomate.
18. Birthplace Crawford Co. Missouri.
(City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace Crawford Co. Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary E. Shomate
(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof June, 24, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel.

18. (a) Signature of funeral director Clyde C. Wilbey
(b) Address Perry, Missouri

19. (a) 6/24/41 (b) Clyde C. Wilbey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Rural (Saltriver Township)
(If outside city or town limits, write "RURAL")
(d) Street No. Perry, Missouri R.F.D.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 23, year 1941 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from June, 23rd, 1941 to June, 24, 1941
that I last saw him alive on June, 24, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of the respiratory System Duration 3Yrs.

Due to 13B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Underline the cause to which death should be charged statistically.
Of autopsy

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 7
28. Signature E. T. Swan XXXXXX D.O.
Address Perry, Missouri Date signed 6-24-41

RECEIVED

District Health Officer No. 10

District File Number

Date Filed JUL 26 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

working under my personal supervision.

Signed

Licensed Embalmer No.

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.