

1-2-40
7-39
X23159

Registration District No. 914-1

Primary Registration District No. 6235

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Braymer Rural-Grape Grove (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hr. ! (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 089

(a) County Ray (b) County Ray

(c) City or town Braymer Rural-Grape Grove twm (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lawrence Wayne Shumate

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1941 hour 9 minute 45 a. m.

21. I hereby certify that I attended the deceased from Sept. 19 to Sept. 20, 1941; that I last saw him alive on Sept. 19, 1941; and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 19, 1941
(Month) (Day) (Year)

Immediate cause of death Atelectasis Duration _____

Due to _____

Due to 1612

Other conditions _____ (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

X	X	X	12hrs
			hr. min.

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

10. Usual occupation Infant

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Robert F. Shumate

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

14. Maiden name Mary Smith

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

16. (a) Informant Robert Shumate

(b) Address Braymer, Missouri

17. (a) Burial (b) Date thereof 9-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tinney Point

18. (a) Signature of funeral director Bernard F. Mead

(b) Address Braymer, Missouri

19. (a) Sept 25-41 (b) Mabel Johnson
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____ (e) Means of injury 0

23. Signature Geo S. Duvell (M. D. or other) M.D.

Address Braymer, Mo. Date signed 9-20-41

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

9
0
6

*Miss Mable Jackson,
Cashmere,
Mo.*

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-14-41

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.....

This body was not embalmed
..... Registered Apprentice No.
working under my personal supervision.

Signed *Ronald L. Mead*

Licensed Embalmer No. *2801*

P. O. Address *2801 Bayme*

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.