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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42226

Registration District No. 349 Primary Registration District No. 6185 Registrar's No.

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Rural Union Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Sullivan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Green Castle R1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Leona Ethel Shumaker
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ Charles Roscoe Shumaker
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased 4 (Month) 13 (Day) 1890 (Year)
8. AGE: Years 52 Months 8 Days 14 If less than one day hr. min.
9. Birthplace Adair Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business In own home
FATHER
12. Name John Robert McCullough
13. Birthplace Montgomery (City, town, or county) Ala. (State or foreign country)
MOTHER
14. Maiden name Sarah Jane Osborn
15. Birthplace Adair Co. (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Lylie E. Shumaker
(b) Address Green Castle Mo #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Union Temple
18. (a) Signature of funeral director Glenn E Kent & Son
(b) Address Green City Mo
19. (a) Dec 2 1942 (Date received local registrar) (b) Vinnie Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1942 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 1, 1942 to Dec 27, 1942 that I last saw him alive on Dec 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of Mammary gland on left side
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 50
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W Herrington M.D. (M.D. or other)
Address Green City Mo Date signed 12-27-42

1213

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-43-1
Date Filed January 1943

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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.