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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2133

State File No.

FILED JAN 3 2 1943

Registration District No.

Primary Registration District No. 4179

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Smith
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35

(c) City or town Smith 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓ 0

3. (a) PRINT FULL NAME Bunice Sue Shrum.

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 S 0

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 12 (Month) 18 (Day) 42 (Year)

8. AGE: Years | Months | Days | If less than one day 12 hr. min.

9. Birthplace Smith (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Oliver Shrum
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Lola Ritta
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Oliver Shrum
(b) Address Smith Mo Route 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-1942 (Month) (Day) (Year)
(c) Place: burial or cremation McGrew Cemetery

18. (a) Signature of funeral director A. J. Rion
(b) Address Smith Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19
year 42 hour minute 5A M.

21. I hereby certify that I attended the deceased from 12-18-42, 19, to 12-19-42, 19
that I last saw her alive on 12-18-42, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 159	
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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature D. T. Dungey (M. D. or other) Md

Address Kennett Mo Date signed 12-19-42

1246

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed A. J. Rivers

Licensed Embalmer No. 1407

P. O. Address Senath - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2133

Registration District No. 108 Primary Registration District No. 4179 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Senath
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bernice Sul Shrum

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 18 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day 12 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER FATHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 1-19-1943 (Date received local registrar) (b) H O Stevens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1942 hour minute M.

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

Immediate cause of death Premature

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(b) 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 (M. D. or other)

Address Date signed