

S. No. 2  
M-5-42  
5-17

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25287

State File No. ....

FILED AUG 11 1943

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 131

1. PLACE OF DEATH:

(a) County ITASPER

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

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

(d) Length of stay: In hospital or institution 3 HOURS  
(Specify whether In this community 3 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State MISSOURI (b) County ITASPER

(c) City or town CARTHAGE 3  
(If outside city or town limits, write "RURAL.")

(d) Street No. 803 Prospect St.  
(If rural give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME BEVERLY JEANNE SHUMATE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race white

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

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased JULY 11 1943  
(Month) (Day) (Year)

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

0 0 0 3 hr. 03 min.

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

10. Usual occupation INFANT

11. Industry or business

MOTHER FATHER { 12. Name Howard Shumate

13. Birthplace Amboy Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Rose Ward

15. Birthplace Hoboken New Jersey  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. HOWARD SHUMATE

(b) Address 803 Prospect - Carthage - Mo

17. (a) BURIAL (b) Date thereof JULY 12 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK CEMETERY

18. (a) Signature of funeral director KREHL MORTUARY

(b) Address CARTHAGE - MISSOURI

19. (a) July 12 '43 (b) Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 11  
year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-11 1943 to 7-11 1943  
that I last saw him alive on 7-11 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia 3 hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 161a

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury 0

23. Signature D. Russell Smith (M. D. or other) MD  
Address Carthage, Mo. Date signed 7-12-43

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

43-7-641

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**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.....

*Emm. Retneel*

Licensed Embalmer No.....

391

P. O. Address.....

*Carthage*

**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.**