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FILED MAY 24 1944
Registration District No. 128

State File No. _____

Primary Registration District No. 2000

Registrar's No. 414

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 49 days
In this community 49 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ORBIE F. SHUMATE

3. (b) If veteran, name war World War II 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Mrs. Edna Mae Shumate 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased February 28, 1915
(Month) (Day) (Year)

8. AGE: Years 29 Months 2 Days 14
If less than one day hr. min.

9. Birthplace South Webster Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business Public Schools

12. Name John Wilson Shumate

13. Birthplace Summers County W. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Martha Cook

15. Birthplace Summers County W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Shumate

(b) Address S. Webster, Ohio

17. (a) Removal (b) Date thereof May 14, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Webster, Ohio

18. (a) Signature of funeral director W. A. ...

(b) Address 5-113-44

19. (c) 5-113-44 (d) W. S. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Scioto
(c) City or town South Webster
(If outside city or town limits, write "RURAL")
(d) Street No. Box 90
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1944 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 25, 1944 to May 12, 1944;
that I last saw him alive on May 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema, severe Duration 12 hrs.

Due to Wound, penetrating, scalp, skull and brain, right frontal and left parietal region 7 wks.

Other conditions Wounds, suppurative, secondary to gunshot wound of brain.

Major findings: Penetrating wound of scalp, skull, and brain.

Of autopsy Confirmation of above diagnoses.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 12, 1944

(c) Where did injury occur? Fort Riley, Geary Kansas
(City or town) (County) (State)

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

While at work? YES (Specify type of place) Ricocheting bullet
(e) Means of injury

23. Signature Francis M. ... (M. D. or other)
Address O'Reilly Gen. Hosp., Springfield, Mo. Date signed 5/13/44

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

A report submitted to the Bureau of the Census.

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.....

Licensed Embalmer No. *7459*

P. O. Address *Springfield*

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.