

1. PLACE OF DEATH Benton  
 (a) County Rural #4, Windsor  
 (b) City or town \_\_\_\_\_  
(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 7 years  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Benton  
 (c) City or town Rt. #4, Windsor  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Rt. #4  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Walter Henry Shrum

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M L

6. (b) Name of husband or wife Maggie Vannatta 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased January 4, 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Josiah Shrum

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

14. Maiden name Mary Drinkwater

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

16. (a) Informant Mrs. Ilva Shrum Gehrig

(b) Address Rt. #4, Windsor, Mo.

17. (a) Burial (b) Date thereof 11-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, MO.

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Mo.

19. (a) Nov. 27 - 1944 (b) Caulius Barnes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11  
 year 1944 hour 9 minute 50 p. M.

21. I hereby certify that I attended the deceased from Jan  
 \_\_\_\_\_, 1941 to Nov 9, 1944, 19\_\_\_\_;  
 that I last saw him alive on Nov 9, 1944, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Stasis  
from Myocarditis.  
Arteriosclerosis.

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

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) M. D.  
 Address Windsor, Mo Date signed 11/18/44

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

15111

DEC 6 1944

RECEIVED  
Bureau of Health DIRECT No. 7,  
License File Number 10-44-1303  
Date Filed 11-30-44

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 *Edw. M. Burton*  
Licensed Embalmer No. 3391  
P. O. Address *Winston Me*

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.