. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10006

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Warrensburg Clinic 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 Hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")
(d) Street No. Warrensburg Clinic 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Shumate Baby (Not Named)
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Mar (Month) 12 (Day) 1945 (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	15 hr. min.

9. Birthplace Warrensburg Johnson Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name Leland F. Shumate
13. Birthplace Warrensburg Mo. 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Belle Sterling
15. Birthplace Knobnoster Mo 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Leland F Shumate
(b) Address RFD Knobnoster Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 13. 45 (Month) (Day) (Year)
(c) Place: burial or cremation Adams Cemetary
18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg, Mo.
19. (a) Mar. 13 1945 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 12
year 1945 hour 7 minute 20 P M.
21. I hereby certify that I attended the deceased from 3-12, 1945, to 3-12, 1945
that I last saw him alive on 3-12, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature Birth	
Due to	
Due to	
Other conditions (Include pregnancy, within 3 months of death) 159	

Major findings:
Of operations Placenta Previa
Caused labor at 7 mo gestation
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 0
23. Signature R. Lee Cooper (M. D. or other) MD
Address Warrensburg Mo Date signed 3-13-45

1001

(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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.