

S. No. 2
M-5-43
5-17-39
1 X36871

FILED JUN 26 1945
Registration District No. **128**

Primary Registration District No. **2000**

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

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: **Springfield Baptist Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 da**
(Specify whether years, months or days)

In this community **1 da**
years, months or days

3. (a) PRINT FULL NAME **Jesse Shumate**

3. (b) If veteran name was **UNK.**

3. (c) Social Security No. **UNK.**

4. Sex **Male** **5. Color or race** **WHR**

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

6. (b) Name of husband or wife **Elsie Shumate**

6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **Jan 6, 1891.**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 54 | 4 | 13 | hr. min. |

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

10. Usual occupation **School Bus Driver**

11. Industry or business

12. Name **Huletta E. Shumate**

13. Birthplace **Warrensburg Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Irene Elizabeth Simmons**

15. Birthplace **Preston Mo. D.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Novit Shumate**

(b) Address **1326 E. Belmont, Springfield, Mo.**

17. (a) Burial **(b) Date thereof** **May 16-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Preston Mo.**

18. (a) Signature of funeral director **Wheatland, Mo.**

(b) Address **Wheatland, Mo.**

19. (a) 5-16-45 **(b) R. W. E. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Hickory 43**

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14**
year **1945** hour **10** minute **55 a.m.**

21. I hereby certify that I attended the deceased from **May 13, 1945** to **May 14, 1945**
that I last saw him alive on **May 14, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**
Chronic Nephritis

Due to _____

Due to _____

Other conditions **131 lb**
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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) (c) Means of injury

23. Signature **R. W. E. Handley** (M. D. or other) **MD**

Address **Preston, Mo.** **Date signed** _____

Duration

Days

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

984

N

1951 19 1951

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 *Chas Gilbert Hathaway*.....

Licensed Embalmer No. *42617*.....

P. O. Address. *Wheatland, Md*.....

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.