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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21201

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 74

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Ray 84

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Richmond Township
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME John Leonard Shumate

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

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

6. (b) Name of husband or wife Lucy Shumate 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct (Month) 1 (Day) 1876 (Year)

8. AGE: Years 69 Months 8 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Ray Co (City, town, or county) mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name James Shumate
13. Birthplace ~~Kansas City~~ (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace — (City, town, or county) — (State or foreign country) 9

16. (a) Informant James Shumate
(b) Address Cowgill mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Cowgill mo

18. (a) Signature of funeral director C A Reed
(b) Address Cowgill mo

19. (a) June 25-46 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1946 hour 2 minute 15 A M.

21. I hereby certify that I attended the deceased from June 18, 1946, to June 19, 1946
that I last saw him alive on June 18, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	3 hrs
Due to Arteriosclerosis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94
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 C H Wilson M D (M. D. or other)
Address Polo Mo Date signed 6-20-46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 7-8-46

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 C. W. Ford

Licensed Embalmer No. 2194

P. O. Address Cowgill, 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.