

No. 2
B.M.—5-43
7. 5-17-39
I X38671

FILED FEB 10 1947
Registration District No. _____

Primary Registration District No. 4339

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

1. PLACE OF DEATH:

(a) County MONROE

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

(c) Name of hospital or institution:
223 RUBY ST. 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 5 Mo. 14 Days (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE 69

(c) City or town PARIS 2
(If outside city or town limits, write "RURAL")

(d) Street No. 223 RUBY ST 00
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MARTHA ELIZABETH SHUMARD

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 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 AUG 18 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 4 14 _____ hr. _____ min.

9. Birthplace PARIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

MOTHER FATHER

12. Name ARTHUR LYNN SHUMARD

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

14. Maiden name LURA RUTH SHUMARD

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

16. (a) Informant A. L. Shumard

(b) Address Paris, Mo.

17. (a) BURIAL (b) Date thereof JAN 2 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GRAVE

18. (a) Signature of funeral director Guido Blokey

(b) Address Paris, Mo.

19. (a) 1-29-47 (b) Elbert Baker M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 2nd year 1947 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from DEC 26 to JAN 2 1947

that I last saw her alive on JAN 2 and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor
Fracture of skull

Duration 7 Days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 107

Of operations _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature Geo M. Peoples M. D. or other _____

Address PARIS, MO Date signed 1-2-47

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Missouri State Board of Health
District # _____
Date Filed FEB - 5 1947
Licensor No. 10
2-47-274

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 Ell Agnew
Licensed Embalmer No. 4,000
P. O. Address Paris, Missouri,

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.