

FILED MAR 12 1947

Registration District No. _____

Primary Registration District No. **5285**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **Clark**
(b) City or town **Wyaconda, Mo.**
(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 _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Clark**
(c) City or town **Wyaconda Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Specify No)
If yes, name country _____

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

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife **William E. Shumate** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 16, 1868**
(Month) (Day) (Year)

8. AGE: Years **78** Months **7** Days **12** If less than one day hr. _____ min. _____

9. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Joseph Lillard**
13. Birthplace **Lewis Co. Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Landrum**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Guy Fields**
(b) Address **Wyaconda, Mo.**

17. (a) **Burial** (b) Date thereof **March 21 47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Providence Cemetery**

18. (a) Signature of funeral director **Ernie Probst**
(b) Address **Wyaconda, Mo.**
19. (a) **3/4-1947** (b) **J. H. ...**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **28** year **1947** hour **6** minute _____ a.m.

21. I hereby certify that I attended the deceased from **Oct 20** 19**46** to **Feb 28** 19**47** and that death occurred on the date and hour stated above. **Feb 15** 19**47**

Immediate cause of death: **Senile infirmities**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **162 B**
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) (e) Means of injury **a**
23. Signature **B. F. Hutchinson** (M.D. or other) **M.D.**
Address **Wyaconda, Mo** Date signed **3/3/47**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 247-391
Date Filed MAR 11 1947

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..... *Geo. V. Brooks*

Licensed Embalmer No. *1817*

P. O. Address *Myaconda, 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.