

No. 2  
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17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 28 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

Dr. Callaway  
State File No. **4573**  
Registrar's No. **150**

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **150**

**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:  
**1495 S. Jefferson**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **50 Years** (Specify whether years, months or days)

In this community **50 Years**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Greene** **39**

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

(d) Street No. **1495 S. Jefferson**  
(If rural, give location) **9**

(e) Citizen of foreign country? (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

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

**3. (b) If veteran, name war** **No**

**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** **Walter Shumate**

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

**7. Birth date of deceased** **June 3 1889**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>56</b>	<b>8</b>	<b>15</b>	hr. min.

**9. Birthplace** **Wright County Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Home**

**11. Industry or business** \_\_\_\_\_

MOTHER FATHER

**12. Name** **Mose P. Berry**

**13. Birthplace** **Unknown Tenn.**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Rippe**

**15. Birthplace** **Unknown Unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Bob Riesenber**

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

**17. (a) Burial** (b) Date thereof **2-20-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Seymour, Mo.**

**18. (a) Signature of funeral director** **H.H. Lohmeyer**

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

**19. (a) 2-18-47** (b) **W. H. Handley, M.D.**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Feb.** day **18**  
year **1947** hour **12** minute **25 a.** M.

**21. I hereby certify that I attended the deceased from** **July 18 1947**  
to **July 18 1947**  
that I last saw him alive on **July 5 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Sarcoma of bone skull of juger**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **with Probable extension to brain**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **155**

Of autopsy **5**

**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** **Ray Callaway** (M. D. or other) **M.D.**  
Address **Springfield** Date signed **2/18/47**

Duration

**7 mo**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

*James B. Laughlin*

Registered Apprentice No. *466*

working under my personal supervision.

Signed *Paul G. Kötter*

Licensed Embalmer No. *2457*

P. O. Address *Stuyvesant*

**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.