

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mtd (Specify whether
In this community same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Schuylb
(c) City or town Glenwood
(If outside city or town limits, write "RURAL")
(d) Street No. 2 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1947 hour 2:45 minute 45 M.
21. I hereby certify that I attended the deceased from 7/20/47 19... to 8/2/47 19...
that I last saw him alive on 8/2/47 19... and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia
Due to _____
Due to _____

Other conditions chr myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations 1/25
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) (e) Means of injury _____
3. Signature J Caldwell (M. D. or other)
Address Fulton Mo Date signed 8/2/47

3. (a) PRINT FULL NAME FRANK W. SHUMATE

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

4. Sex ma 5. Color or race w 6. (a) Single, widowed, married, divorced w 2

6. (b) Name of husband or wife dk 6. (c) Age of husband or wife if alive dk years

7. Birth date of deceased July 16 1872 (Month) (Day) (Year)

8. AGE: Years 75 Months _____ Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Lineman

11. Industry or business W. Union

12. Name John Shumate

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

14. Maiden name Sarah Montgomery

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

16. (a) Informant See records

(b) Address Fulton Mo

17. (a) Removal (b) Date thereof 8-2-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fulton Mo

18. (a) Signature of funeral director W. Wallace Farnsworth

(b) Address Fulton Mo
19. (a) 8-8-1947 (b) Joseph Morawickoff (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

14
1
2

RECEIVED
District Health Officer No. 9,
District File Number 8-11-47
Date Filed

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 *Donald C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *Fulton 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.