

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 9 1947
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31698**
Registrar's No.

Primary Registration District No. **5630**

1. PLACE OF DEATH:

(a) County **Laclede**
(b) City or town **Lebanon Rural**
(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: **1** In hospital or institution (Specify whether
In this community **entire life** years, months or days) (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Laclede**
(c) City or town **Lebanon**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural Route # 4**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Oliva Jane Shumate**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Hellra J. Shumate** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 13 1863**
(Month) (Day) (Year)

8. AGE: Years **83** Months **9** Days **7** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **James Winfrey**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Jane Kay**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Shumate**
(b) Address **Lebanon Mo. R# 4**

17. (a) **Burial** (b) Date thereof **9-22-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **City Cemetery Lebanon**

18. (a) Signature of funeral director **W.E. Halmon**
(b) Address **Lebanon Mo.**

19. (a) **10-4-1947** (b) **Dr. Frank Berger**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **20**
year **1947** hour **1** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **Sept 4**
19**47**, to **Sept 20 1947**
that I last saw her alive on **Sept 4** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac angina** Duration **3 days**

Due to **Carcinoma of liver.** ?

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **HE**

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 _____
23. Signature **H. Carrington** (M. D. or other) **M.D.**
Address **Lebanon, Mo.** Date signed **9/25/47**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

Received 10/7/47
Laclede County Health Unit
File No. 9-47-158
Date Filed 10/8/47

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 Norsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon, 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.