

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15372
Registrar's No. 48

FILED MAY 28 1948
Registration District No. 11

Primary Registration District No. 4024

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

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
505 W. 8th. Street
(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 Missouri (b) County Barry
(c) City or town Cassville
(If outside city or town limits, write "RURAL")
(d) Street No. 505 w. 8th. Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clementine Matis SHRUM
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 10th
year 1948 hour 10 minute 30 A.M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife L. Frank Shrum
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 16, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 8, 1948 to May 10, 1948
that I last saw her alive on May 10, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 1 23 -- hr. --- min.

Immediate cause of death Carcinoma of Liver
Due to _____
Due to _____

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

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

10. Usual occupation Housewife

Major findings: Of operations H&F
Of autopsy _____

11. Industry or business Home

MOTHER FATHER
12. Name Jerrimah Mitchell
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Jane Allen
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. L. Frank Shrum
(b) Address Cassville, Missouri
17. (a) Burial (b) Date thereof 5-10-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Pleasant Cem.

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?
(Specify type of place)

18. (a) Signature of funeral director Koon Funeral Home
(b) Address Cassville, Missouri
19. (a) May 17-1948 (b) Grace Williams
(Data received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (b) Means of injury _____
23. Signature Henry N. Salyer (M. D. or other) _____
Address Cassville, Mo. Date signed _____

RECEIVED
District Health Officer No. 6,
District File Number 548-635
Date Filed MAY 26 1948

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 W. C. Koon

Licensed Embalmer No. 4359

P.O. Address Cassville, 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.