

NOV 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36427
Do not use this space.

1. PLACE OF DEATH
(a) County Registration District No. 406
(b) Township Primary Registration District No. 5560 Registered No.
(c) City Carl Junction (d) Street No. Northwest of City St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph S. Shumaker
(a) Residence, No. Northwest of Carl Junction St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isabelle Jane Shumaker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 0
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer (re-
9. Industry or business in which work was done, as saw mill, bank, etc. tired)
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Thomasville
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT George Shumaker
(ADDRESS) Carl Junction, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Saginaw Cemetery DATE 10-6- 1939

19. FUNERAL DIRECTOR (NAME) Reynolds Mortuary
(ADDRESS) Joplin, Missouri

20. FILED No. 1 1939 Roy A. Grady
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 1939
22. I HEREBY CERTIFY, That I attended deceased from September 18, 1939 to Sept. 19, 1939
I last saw him alive on Sept. 18, 1939. Death is said to have occurred on the date stated above, at 1:05 p.m.
The principal cause of death and related causes of importance were as follows:

I have not seen this case since September 18, 1939. The cause of death is believed to be Lobar Pneumonia.
Other contributory causes of importance: 108

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify J.H. Pinkerton D.O. 3
(Signed) Carl Junction Mo.
(Address) 060

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, Missouri

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, above space should be left blank.