

SEP 25 1940

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Wks.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds
(c) City or town West Fork NR
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

9. (a) PRINT FULL NAME Lavina Shrum 657

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

8. (b) Name of husband or wife Calvin Shrum 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 4, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 5 22 hr. min.

9. Birthplace Reynolds Co., Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Cash 7

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

14. Maiden name Lucinda Ketcherside

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

16. (a) Informant Mitchell Shrum

(b) Address Valley Park, Missouri

17. (a) Burial (b) Date thereof 8-28-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville, Missouri

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) AUG 27 1940 (b) JD [Signature]
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26
year 1940 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from 8-23-40
_____ 19____, to 8-26-1940
_____ 19____, that I last saw he alive on 8-26-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus 9mo

Due to _____

Due to _____

Other condition Surgical shock
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of uterus
Of operations uterus
Of autopsy _____

Duration
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? _____

844
While a worker _____ (Specify type of place) (Means of injury)
23. Signature Charles F. Newland (M. D. or other)
Address 3920 Washington Date signed 8/27/40

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

MOTHER FATHER

Albion
3720
Washington

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 *J. P. Burgess*
Licensed Embalmer No. *4029*
P. O. Address *Maplewood*

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.