

Registration District No. 751 Primary Registration District No. 5992

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Rural, Polk, Mo.
(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: In hospital or institution 2
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME OTTO ETTIS SHURM
8. (b) If veteran, ✓ **3. (c) Social Security**
name war _____ No. _____

4. Sex Male **5. Color or race** white **6. (a) Single, widowed, married,**
divorced married
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if**
alive _____ years
7. Birth date of deceased May 23 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 19 If less than one day
hr. _____ min. _____

9. Birthplace Marion Co. Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Asberry Shurms
18. Birthplace Marion Co. Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Salmon
15. Birthplace Marion Co. Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Nancy Shurms
(b) Address Naylor Rt. 1

17. (a) Burial **(b) Date thereof** Oct. 14 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Townes Cemetery

18. (a) Signature of funeral director Missie Shel

(b) Address Naylor Mo.

19. (a) Oct 13-40 **(b)** H. E. White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ripley
(c) City or town Rural, Polk, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 miles east of city
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 12
year 1940 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from
Oct 12 1940 to Oct 12 1940
that I last saw her alive on several days before death
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Duration 16 hours

Due to old subdural with
Due to out treatment
due to hypertension

Other conditions _____
(Include pregnancy within 3 months of death) g2k

Major findings:
Of operations _____
Of autopsy _____

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?
675 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature H. E. White (M. D. or other) 1
Address Naylor Mo **Date signed** _____

RECEIVED

District Health Officer No. 5,

District File Number 11401117

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 Raymond Mc Card

Licensed Embalmer No. 4079

P. O. Address Raydon 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, above space should be left blank.