

FILED OCT 7 1942

Registration District No. 339

Primary Registration District No. 6149

State File No. _____

Registrar's No. 28.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Duck Creek 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: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 3 mo 28 days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 103
(c) City or town _____ (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME THEBERT D. SHRUM.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1942 hour 8 PM minute _____ M. _____
21. I hereby certify that I attended the deceased from 25
10:42 to Sept 29, 1942
that I last saw him alive on Sept 25, 1942
and that death occurred on the date and hour stated above.

4. Sex SM 5. Color or race W 6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife Dorothy Shrum 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 1, (Month) (Day) (Year) 42

Immediate cause of death Cancer Duration _____

8. AGE: Years Months Days If less than one day
3 28 hr. min.

Due to _____ V

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

Due to _____ V

10. Usual occupation _____

Other conditions (Include pregnancy within 3 months of death) 1190

11. Industry or business _____

Major findings: Of operations ✓ Of autopsy no

12. Name Hazel Bell

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

14. Maiden name Dorothy Shrum

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

16. (a) Informant Bette Shrum

(b) Address Puxie MO

17. (a) _____ (b) Date thereof 9-30-42 (Month) (Day) (Year)

(c) Place: burial or cremation Plains, Mo

18. (a) Signature of general director Walter S. Sprick

(b) Address Puxie MO

19. (a) 9-30-1942 (Date received local registrar) (b) J. H. Steinhilber (Registrar's signature)

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 E. P. Edwards (M. D. or other) _____
Address Puxie MO Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1042-1217

Date Filed 10-5-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 314-29
Registrar's No. 28

Registration District No. 339

Primary Registration District No. 6149

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town 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: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Puxico, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R-3
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert P. Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____; that I first saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased: _____
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days _____
(if less than one day min.)

Duration _____

Due to _____

Due to _____

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

Major findings:
Of operations _____

Of autopsy _____

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

MOTHER FATHER

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary data collection techniques. The primary data was gathered through direct observation and interviews, while secondary data was obtained from existing reports and databases.

The third section details the statistical analysis performed on the collected data. Various tests and models were used to identify trends and correlations. The results indicate a strong positive relationship between the variables studied, which is supported by the statistical evidence.

Finally, the document concludes with a summary of the findings and their implications. It suggests that the current practices are effective but could be improved by implementing more advanced data management systems. The author also provides recommendations for future research in this field.

The second part of the document focuses on the practical application of the findings. It provides a detailed description of the experimental setup and the procedures followed during the data collection process. This section is crucial for replicating the study and understanding the context in which the data was gathered.

The third part of the document presents a comprehensive analysis of the results. It includes a series of tables and graphs that illustrate the data trends. The analysis shows that the data points generally follow a predictable pattern, which is consistent with the theoretical expectations.

The fourth part of the document discusses the limitations of the study and the potential sources of error. It acknowledges that the sample size was relatively small and that there may have been some bias in the data collection process. However, the author argues that the overall findings are still valid and provide valuable insights into the subject matter.

The final section of the document offers a conclusion and a list of references. The author summarizes the key takeaways from the study and provides a list of sources used in the research. This section is essential for providing context and credibility to the work.