

FILED JAN - 5 1943

Registration District No. **28**

Primary Registration District No. **100**

Registrar's No. **10891**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town... **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(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... **Bollinger**
(c) City or town... **Lutesville**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural Route.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Charley James Shrum**

3. (b) If veteran, name war... **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race... **White** 6. (a) Single, widowed, married, divorced... **Widowed**

6. (b) Name of husband or wife... **Effie Elizabeth Shrum** 6. (c) Age of husband or wife if alive... **Nil** years

7. Birth date of deceased... **January 8, 1888**
(Month) (Day) (Year)

8. AGE: Years **54** Months **11** Days **20** If less than one day hr. min.

9. Birthplace... **Lutesville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business.....

MOTHER FATHER

12. Name... **James W. Shrum**

13. Birthplace... **Lutesville Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name... **Emma Samples**

15. Birthplace... **Unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant... **Willia Ethel Robbins**

(b) Address... **258 Pauline, Memphis, Tenn**

17. (a) **Burial** (b) Date thereof... **12/28/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Lutesville, Missouri**

18. (a) Signature of funeral director... **Albert H. Hoppe, Inc**

(b) Address... **4700 Washington Blvd.**

19. (a) **Jan 23 1943** (b) **J. F. Braddock**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **28**
year **1942** hour **2** minute **A.M.**

21. I hereby certify that I attended the deceased from **December 26**, 1942, to **December 28**, 1942, that I last saw him alive on **December 27**, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death

Stomach of Brain Malignant
SK

Due to.....

Due to.....

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

Major findings: Of operations... **None**

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?

While at work?..... (Specify place) Means of injury.....

23. Signature... **J. F. Braddock** (M. D. or other)
Address **4952 Maryland** Date signed **12/28/42**

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

G. W. Wilkinson

Licensed Embalmer No.....

3575

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.