

FILED DEC 28 1942

Registration District No. 1749

Primary Registration District No. 17002

Registrar's No. 4661

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town J.E.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community 67 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town J.E.
(If outside city or town limits, write "RURAL.")

(d) Street No. 504 Benton
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Irene Ellen Shaumer

3. (b) If veteran, name war —

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12th
year 1942 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec 4th
1942 to Dec 12 1942
that I last saw h. alive on 19;
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Wm. Carlton Shaumer 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Sept 10, 1875
(Month) (Day) (Year)

Immediate cause of death Cerebral Interstitial Nephritis
Arteriosclerosis
Chronic Myocardial Degeneration

Due to Arteriosclerosis

Due to 131 Ix

Other conditions Route Suppressing Pain
(Include pregnancy within 3 months of death)

8. AGE: Years 67 Months 3 Days 2 If less than one day
hr. min.

9. Birthplace Dallas County, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name unknown Reynolds

13. Birthplace Clark County, Iowa
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(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.

16. (a) Informant Joseph Forest Shaumer

(b) Address 615 Woodland

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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?

17. (a) Burial (b) Date thereof 12-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director H. Tigerman & Son

(b) Address 7 E. One

While at work? (Specify type of place)

(e) Means of injury —

19. (a) 12/14/42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

23. Signature W. J. Sewell (M. D. or other) MD

Address 1724 W 39 Date signed 12-14-42

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.....

..... *Francis Walter* Registered Apprentice No. *2744*
working under my personal supervision.

Signed..... *J. H. Kamm*
Licensed Embalmer No. *2744*
P. O. Address..... *H. P. 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, fact should be so stated above.