

FILED MAY 7 1943
Registration District No. 22

Primary Registration District No. 5115

Registrar's No.

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

009

1. PLACE OF DEATH:

(a) County Bollinger White Water
(b) City or town Rural
(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 83-3-12
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 mi. N.W. of Lixville
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Peter Jacob Shrum

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

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

6. (b) Name of husband or wife Mary Shrum 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased December 26 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 12 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Frederich Shrum
13. Birthplace Bollinger Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Hachial Moran
15. Birthplace Bollinger Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Shrum

(b) Address Lixville Mo.

17. (a) Burial (b) Date thereof 4-9-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Roads Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Parryville Mo.

19. (c) April 8, 1943 (Date received local registrar)
Mrs. Geneva Graham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1943 hour 12 minute 10 AM.

21. I hereby certify that I attended the deceased from Jan 1st 1941, to Apr 9th 1943
that I last saw him alive on Apr 1st 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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?

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

23. Signature Edw. Crites (M. D.)

Address Lixville, Mo. Date signed 4/9/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 543-2183
Date Filed 5-6-43

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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.