

FILED JAN 9 1946

Registration District No. **247**

Primary Registration District No. **5839**

Registrar's No. **29**

1. PLACE OF DEATH

(a) County **Newton**
(b) City or town **Neosho - Benton Co. Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home Six Miles East of Neosho Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **three years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Edward Allen McShurff**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

4. Sex **M** 5. Color or race **O**
6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 22 1929**
(Month) (Day) (Year)

8. AGE: Years **15** Months _____ Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Clinton Oklahoma**
(City, town or county) (State or foreign country)

10. Usual occupation **Child School**

11. Industry or business _____

12. Name **George Wesley McShurff**

13. Birthplace **Wagoner County Oklahoma**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Neal Palmer**

15. Birthplace **Custer County Oklahoma**
(City, town, or county) (State or foreign country)

16. (a) Informant **George W. McShurff**
(b) Address **Sumby Mo**

17. (a) **Burial** (b) Date thereof **11 29 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Olive Cemetery**

18. (a) Signature of funeral director **The Biglum Mortuary**
(b) Address **Neosho Missouri**

19. (a) **12-12-1945** (b) **M. L. Young**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **27th**
year **1945** hour **11** minute **40** P. M.

21. I hereby certify that I attended the deceased from **Sept 2nd 1945**
to **Nov 25 1945**
that I last saw him alive on **Nov 23 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **arterio Sclerosis**
Heart Regurgitation
Lead to embolism

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy **920**

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 **Leo W. Freeman** (M. D. or other) _____
Address **Parody Mo** Date signed **11-28-46**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING INK

RECEIVED

District Health Officer No.

District File Number 1245-251

Date Filed 1/7/46

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 Harren H. Linnard

Licensed Embalmer No. 4400

P. O. Address Deashe, 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.