

No. 2
I-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31715

FILED OCT 5 1948

State File No.

Registration District No. 322

Primary Registration District No. 4477

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Schuyler

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

(c) Name of hospital or institution: 1
(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 Schuyler 98

(c) City or town Glenwood, 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Samuel B. Shumate

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

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased Sept 30, 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1948 hour 6 minute 30 P- M.

21. I hereby certify that I attended the deceased from Sept 12 1948 to Sept 6 1948;
that I last saw him alive on Sept 6 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration _____

8. AGE: Years 78 Months 11 Days 29 If less than one day _____ hr. _____ min.

Due to Arterio-sclerosis

Due to _____

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

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

10. Usual occupation Farmer

Major findings: Of operations _____

11. Industry or business Retired

Of autopsy _____

12. Name John F. Shumate

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

14. Maiden name Sarah J. Montgomery

15. Birthplace Schuyler Co, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. B. Shumate

(b) Address Glenwood, Missouri.

17. (a) (Burial, cremation, or removal) burial (b) Date thereof Oct 1, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Glenwood Cem

18. (a) Signature of funeral director Everett R. Head
Lancaster, Missouri.

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 2

23. Signature RE Vaughn (M. D. or other) D.O.
Address Lancaster, Mo Date signed 9/27/48

MOTHER FATHER

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

RECEIVED

District Health Officer No. 10

District File Number 10-48-1718

Date Filed OCT 4 - 1948

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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.