

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30575**  
**3746**

BIRTH NO. 58102-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3746

|  |                                      |  |   |   |  |
|--|--------------------------------------|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u> |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>                               |                                      | c. LENGTH OF STAY (In this place)<br><u>12 hours</u>   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Merriam</u>  |   | d. STREET ADDRESS (If rural, give location)<br><u>9117 - Johnson Drive</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Lake Side Hospital</u>   |                                      |  | d. STREET ADDRESS (If rural, give location)<br><u>9117 - Johnson Drive</u>  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Baby -</u><br>b. (Middle) <u>Shrum</u><br>c. (Last) <u>Shrum</u> |                                      |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Aug 29-1949</u>  |   |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>     | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Single</u>                                    | 8. DATE OF BIRTH<br><u>Aug. 28-1949</u>   | 9. AGE (In years last birthday)<br><u>23</u>  | IF UNDER 1 YEAR<br>Months<br><u>0</u>                                      |
| IF UNDER 24 HRS.<br>Hours<br><u>0</u>  | IF UNDER 1 HRS.<br>Min.<br><u>40</u> | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>None</u> |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>—</u> |  |
| 11. BIRTHPLACE (State or foreign country)<br><u>Kansas City Mo</u>   |                                      |  | 12. CITIZENSHIP OF WHAT COUNTRY?<br><u>U.S.A</u>  |   |  |
| 13a. FATHER'S NAME<br><u>Talmage Shrum</u>   |                                      | 13b. MOTHER'S MAIDEN NAME<br><u>Marie Nellie Harrison</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>—</u>       |  |

|   |                                      |  |  |  |  |
|---|--------------------------------------|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Talmage Shrum Merriam Kansas</u> |  |  |  |
|---|--------------------------------------|--|--|--|--|

|   |  |  |  |                                  |  |
|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>   |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Premature Separation of Placenta marginal</u><br>DUE TO (c) <u>Premature (spontaneous) Rupture of Bag of Waters</u> |  |  |                                  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |                                  |  |

|                        |   |  |  |
|------------------------|---|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>7015</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
|------------------------|---|--|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?                      |

22. I hereby certify that I attended the deceased from Aug 28, 1949, to Aug 29, 1949, that I last saw the deceased alive on Aug 29, 1949, and that death occurred at 3:09 p.m., from the causes and on the date stated above.

|   |  |  |
|---|--|--|
| 23a. SIGNATURE (Name and title)<br><u>R. A. Murren J. D. O.</u> | 23b. ADDRESS<br><u>510-12 1/2 Walnut St Oldy</u> | 23c. DATE SIGNED<br><u>Aug 29-1949</u> |
|---|--|--|

|  |                                |  |  |
|--|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>Aug. 30-49</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Forest Hill -</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City Mo</u> |
|--|--------------------------------|--|--|

|  |   |   |
|--|---|---|
| DATE REC'D BY LOCAL REG.<br><u>8-30-49</u> | REGISTRAR'S SIGNATURE<br><u>Maeldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Wm C L Foster R.C. Mo.</u> |
|--|---|---|

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Joe B. Yoder*  
Licensed Embalmer No. 4173

P. O. Address K.C. 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.