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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1948
Registration District No. 32

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31.984
Primary Registration District No. 2-113
Registrar's No. 73

1. PLACE OF DEATH:
(a) County BOLLINGER
(b) City or town RURAL UNION Twp
(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
In this community LIFE TIME
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County BOLLINGER
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR PATTON
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ADAM G. SHRUM
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV. (Month) 18 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
77	11	3	hr. min.

9. Birthplace BOLLINGER Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation FARMER
11. Industry or business

MOTHER FATHER
12. Name JACOB SHRUM
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name ANGELINE WALLS
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Victor Tenney
(b) Address 408 W. Miller De Soto, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct-24-1948 (Month) (Day) (Year)
(c) Place: burial or cremation RHODES CHAPEL
18. (a) Signature of funeral director BAKER FUNERAL HOME
(b) Address HUTESVILLE, MO
19. (a) 10-30-1948 (Date received local registrar) (b) Willie VanDuzenburgh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 21 st
year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Decompensation	
Due to Carcinoma of face & neck.	
Due to	
Other conditions Hemiplegia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 John J Thyson Coroner (M. D. or Coroner)
Address Bertrand Mo. Date signed 10-27-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Officer No. 4

1148-135

11-3-48

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 A. J. Baker

Licensed Embalmer No. 3573

P. O. Address Lutesville Mo. Rt 2

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.