

REC'D SEP 26 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29291

Do not use this space.

1. PLACE OF DEATH *Rockledge* Registration District No. *449*
 (a) County *Rockledge* Primary Registration District No. *4267*
 (b) Township *Rebanon* Registered No.
 (c) City *Rebanon* (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *William Sherman Shaemate 530*
 (a) Residence, No. *Rebanon Rockledge, Cal. St.* (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF *Minnie Mattonney* (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 5 1865*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 5 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Common laborer*
 9. Industry or business in which work was done, as saw mill, bank, etc. *Quarry*
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. *36*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

FATHER 13. NAME *Thomas F Shaemate*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

MOTHER 15. MAIDEN NAME *Sarah McCain*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT (ADDRESS) *John McCain Rebanon*

18. BURIAL, CREMATION, OR REMOVAL *Rebanon Cemetery 5 22 1938*

19. FUNERAL DIRECTOR (ADDRESS) *E. M. Stewart Rebanon 1220*

20. FILED *8.22. 1938* *J. A. McCourt* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 21 1938*

22. I HEREBY CERTIFY, That I attended deceased from 19... to *Rever.* 19...

I last saw him alive on *Aug 21 1938*. Death is said to have occurred on the date stated above, at *5 P.* m.

The principal cause of death and related causes of importance were as follows:

Thrombosis
 Other contributory causes of importance: *946-*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19...

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify.....

(Signed) *Paul A. Jenkins*, M. D.

(Address) *Rebanon, Mo.*

RECEIVED
District Health Officer No. 7,
District File Number 8-37-20
Date Filed 9/10/38

STATEMENT BY LICENSED EMBALMER

I, E. N. Stewart, Licensed Embalmer No. 1885

hereby certify that the body recorded on the reverse side of this certificate was ^{not} embalmed by Embalmed

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. N. Stewart
Licensed Embalmer No. 1885

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.)