

REC'D OCT 25 1938

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

32733
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Mason Primary Registration District No. 3029 Registered No. 242
 (c) City Hannibal (d) Street No. Devering Hospital St.
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

William Charles Shoemaker
 (a) Residence, No. 400 First St. Monroe City Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 6 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. L
 10. Date deceased last worked at this occupation (month and year) L 11. Total time (years) spent in this occupation L

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

FATHER 13. NAME Emmitt E. Shoemaker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bevier Mo.

MOTHER 15. MAIDEN NAME Marie Bookin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarence Mo.

17. INFORMANT (ADDRESS) Marie Shoemaker Monroe City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand View Hannibal Mo DATE Sept. 21 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son Monroe City Mo

20. FILED Sept 19 1938 W. C. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/8 1938, to 9/18 1938
 I last saw him alive on 9/18 1938. Death is said to have occurred on the date stated above, at 2:40 a. m.
 The principal cause of death and related causes of importance were as follows:

PNEUMOCOCCUS MENINGITIS
 Date of onset SEPT. 7
 Other contributory causes of importance: None

Name of operation _____ Date of _____
 What test confirmed diagnosis? LAB. 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) W. N. Linnone D.O.
 (Address) Monroe City, Mo.

hl

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 *Leslie L. Wilson*

Licensed Embalmer No. *3014*

P. O. Address *Manassas City, Va*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.