

NOV 15 1938

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

35178  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 1074  
(c) City St Joseph (d) Street No. 1104 Seith Ave 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. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

JESSE - MONROE - SHIMER  
(a) Residence, No. R.7.D #1 St Joseph St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1938 to Oct 27 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23 1863

I last saw him alive on Oct 25 1938 Death is said to have occurred on the date stated above, at 2:45 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 11 4

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) Oct. 12 1938  
11. Total time (years) spent in this occupation years

Cerebral Hemorrhage Date of onset 9/28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black Hawk Co. Ia

Other contributory causes of importance: Arteriosclerosis and Hypertension

FATHER 13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER 15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Ralph Shimer  
St Joseph Mo

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Chemical Was there an autopsy W

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE Oct 29 38

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)

19. FUNERAL DIRECTOR (ADDRESS) Stoney Funeral Home  
St Joseph Mo

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

20. FILED Oct 28 1938 St Joseph Mo  
W. H. Hestlebach  
Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? W  
If so, specify \_\_\_\_\_ (Signed) Reari Beck M. D.  
(Address) King St. St. Joseph Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, John Roy Stawey, Licensed Embalmer No. 2435  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

and L. E. Raymond Stroot, Registered Apprentice No. 166  
No. or by  
working under my personal supervision.

Signed John Roy Stawey  
Licensed Embalmer No. 2435

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.)