

REC'D AUG 22 1939

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

25323
Do not use this space.

1. PLACE OF DEATH

(a) County Carter Registration District No. 146
(b) Township Pike Primary Registration District No. 3289 Registered No. 33
(c) City _____ (d) Street No. _____ 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Franklin Shomaker

(a) Residence, No. Carter Co. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Shomaker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7-1875
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 64 5 17

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co. Mo.

FATHER 13. NAME William Shomaker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER 15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Virgil Shomaker
(ADDRESS) Fremont Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Driscoll DATE July 25-39

19. FUNERAL DIRECTOR (NAME) Croy-Leuckel
(ADDRESS) Van Buren Mo.

20. FILED Aug 10 1939 Jessie Schupp
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24-39 1939

I HEREBY CERTIFY That I attended deceased from June 1 1939, to July 24 1939
I last saw him alive on July 15 1939. Death is said to have occurred on the date stated above, at 11:00a
The principal cause of death and related causes of importance were as follows:

Cancer of Liver
Confirmed at San Regu Hospital
Other contributory causes of importance: 46

Name of operation _____ Date of _____
What test confirmed diagnosis? Glycogen stain Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) Frank R. Hyde _____ M. D.
Eschmcke _____

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 7-24-3

....., Registered Apprentice No.

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number... 839102

Date Filed 8 14 39

Signed.....

P. Hilig A. Leucke

Licensed Embalmer No. 2936

P. O. Address Von Buren T

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, above space should be left blank.