

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

42841
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 1024 Lincoln 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.

Registered No. 1321

2. PRINT FULL NAME DANIEL B. SHEWMAKER

(a) Residence, No. 1024 Lincoln 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Shewmaker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9th, 1863
 7. AGE YEARS 76 MONTHS 5 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Cornersville (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Silas Shewmaker

14. BIRTHPLACE (CITY OR TOWN) Cornersville (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Elizabeth James

16. BIRTHPLACE (CITY OR TOWN) Cornersville (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Nellie Shewmaker (ADDRESS) 1024 Lincoln St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn DATE Dec. 27th, 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED Dec 27 1939 A. J. Weidman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1939 to Dec 23, 1939

I last saw him alive on Dec 23, 1939 Death is said to have occurred on the date stated above, at 7 A.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate Aug 1937
with metastasis to liver July 1938

Other contributory causes of importance: SI

Name of operation Prostatectomy Date of Dec 1938

What test confirmed diagnosis Chemical 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) Dr. W. Marse M. D.
 (Address) 234 Selma Ave.

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.

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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.

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1
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Signed C. G. Swan

Licensed Embalmer No. 4682

P. O. Address St. Joseph, Mo.

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.