

FILED APR 8 1940
Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper, Mo. City
(c) Name of hospital or institution: Jasper General Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days: 5 2 5

8. (a) PRINT FULL NAME John D. Shoemaker
8. (b) If veteran, name war ✓
8. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 15, 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 18
If less than one day hr. _____ min. _____

9. Birthplace Pike County, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name Elijah Shoemaker
13. Birthplace Winkerson
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Davis
15. Birthplace Phy
(City, town, or county) (State or foreign country)

16. (a) Informant John D. Shoemaker
(b) Address R#1 Bronzo

17. (a) Burial (b) Date thereof Mar 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winkerson
18. (a) Signature of funeral director Winkerson
(b) Address _____

19. (a) MCH. 26. 40 (b) J. H. Ditcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town R#1 Bronzo
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23
year 1940 hour 12.30 minute P. M.
21. I hereby certify that I attended the deceased from Mar 22
1940, to Mar 23, 1940;
that I last saw him alive on MCH. 23. 40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage

Due to _____
Due to §201
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
Signature W. H. Hogan (M. D. or other) _____
Address Wink City MO Date signed 3/26-1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 6,

File Number *4210-9416*

Date Filed *APR 4 1940*

FEB 2 1945

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 *Myself*

Registered Apprentice No. _____

working under my personal supervision.

Signed *Clayton M. Johnston*

Licensed Embalmer No. *3,922*

P. O. Address *Webb City, 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.