No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13734

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1446

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2212 Lister 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 2212 Lister (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Adie Amrine Shoemaker 50 Adie Amrine Shoemaker

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Nov. 8 - 1856 (Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 23 If less than one day hr. ✓ min.

9. Birthplace Capa Illinois 1 (City, town, or county) (State or foreign country)

10. Usual occupation House work 1

11. Industry or business 1

FATHER
12. Name Dexter Amrine
13. Birthplace Unknown Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Hays
15. Birthplace Unknown Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruby L. Etter

(b) Address 2212 Lister

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 2-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Missouri

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo

19. (a) April 2, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31 year 1940 hour 5 minute 45a M.

21. I hereby certify that I attended the deceased from March 1 1940, 19 to March 31, 1940 that I last saw her alive on March 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chr Nephritis (antecedent) Chr Myocarditis

Due to 131

Due to

Other conditions Sinility (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No -

Duration

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature Ralph Pinny (M. D. or other) MD

Address 4800 E 24 Date signed 4-1-40

(Licensed Embalmer's Statement on Reverse Side)

Dr Ralph Perring
4800 E-24

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 Raymond Martin, Registered Apprentice No. 199 working under my personal supervision.

Signed Felix Renz

Licensed Embalmer No. 4127

P. O. Address Independence

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

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