

S. No. 2
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5-17-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20948

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2565

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:
3424 Garfield Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 52 Years (Specify whether
years, months or days)

8. (a) PRINT FULL NAME Mr. William H. Shoemaker

8. (b) If veteran, name war None 3. (c) Social Security No. 494-12-2256

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Hattie Butcher Shoemaker 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April 4 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>2</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Building Contractor

11. Industry or business --

12. Name Edward Shoemaker

13. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sally Baker

15. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Shoemaker

(b) Address 3424 Garfield

17. (a) Burial (b) Date thereof June 24th, 1940
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation Woodlawn Cemetery Independence, Missouri

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address Kansas City, Missouri

19. (a) June 24, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 3424 Garfield Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd
year 1940 hour 10 minutes 30 A. M.

21. I hereby certify that I attended the deceased from March 27,
1940, to June 22, 1940,
that I last saw him alive on June 22nd, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion of
Arteries Sclerosis
Due to _____

Due to g. H. B.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

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? _____

While at work? _____ (Specify type of work) (e) Manner of injury !

23. Signature Dr. J. H. Thomas (M. D. or other)
Address 140 1/2 Bryant St. B. C. Mo. Date signed _____

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

Signed.....

C. Hervey Quisenberry

Licensed Embalmer No. *4070*

P. O. Address *A. C. 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.