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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22124

Registration District No. 467 Primary Registration District No. 4280 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: 114 West Tyndall St. 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

(d) Street No. 114 West Tyndall St. (If rural, give location)

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

3. (a) PRINT FULL NAME William C Shoemaker 526

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Not Known

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

7. Birth date of deceased March (Month) 18 (Day) 1854 (Year)

8. AGE: Years 86 Months 3 Days 0 If less than one day hr. min.

9. Birthplace ? (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Retired Painter

11. Industry or business

FATHER
12. Name Issac P Shoemaker
13. Birthplace ? (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Margaret Montgomery
15. Birthplace ? (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Mrs. J. M. Sheldon

(b) Address Aurora Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun. (Month) 20 (Day) 40 (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. F. King 4/8

(b) Address Aurora Mo. 110

19. (a) 7/1/40 (Date received local registrar) (b) R. D. Cowan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from after Death 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	not known
Due to	
Due to 92C	
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? (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

23. Signature Herman Surridge (M. D. or other) (Coroner)

Address Aurora Mo. Date signed 6/19/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 740-2349
Date Filed JUL 10 1940

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

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

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