

JAN 13 1942

Registration District No. 3/0

Primary Registration District No. 3-42-PA

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Darlington *Cooper*
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution All her life (Specify whether years, months or days)
In this community All her life

3. (a) PRINT FULL NAME Alice Allen Shoemaker

3. (b) If veteran, name war. 3. (c) Social Security No.

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

6. (b) Name of husband or wife Isaac Newton Shoemaker 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased May 1 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 6 3 hr. min.

9. Birthplace Darlington Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name J. Henry Allen
13. Birthplace Unk. New York
(City, town, or county) (State or foreign country)
14. Maiden name Luellen Dodge
15. Birthplace Unk. Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Street

(b) Address Iowa City Iowa

17. (a) Burial (b) Date thereof 12/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rouse

18. (a) Signature of funeral director Bluff Burk

(b) Address Albany, Missouri

19. (a) 12-41 (b) Mathie Leonard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38
(c) City or town Darlington (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4 year 1941 hour 6 minute 30P. M.

21. I hereby certify that I attended the deceased from 11 - 26 14,
1941, to Dec. 4 1941;
that I last saw her alive on Dec 3 - 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 2 mos.

Due to Chronic Nephritis 8 yrs.

Due to Myocarditis 12 yrs.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1318
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?

While at work? (Specify type of place) (c) Means of injury.

23. Signature Frank R. H. Row (M. D. or other) M.D.
Address Albany, Mo. Date signed 12-5-41

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.....me.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Clifford Bricks

Licensed Embalmer No. 3329

P. O. Address Albany, Missouri

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, fact should be so stated above.