

FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13991

Registration District No. 162

Primary Registration District No. 5227

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Regular
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Nancy Ann 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 W.S. Jeffery 6. (c) Age of husband or wife if alive 1849 years

7. Birth date of deceased July (Month) (Day) (Year)

8. AGE: Years 93 Months 9 Days 22 If less than one day hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Baetnett
13. Birthplace / Ky. ?
(City, town, or county) (State or foreign country)
14. Maiden name Polly Ann Bringer
15. Birthplace / Ky. ?
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs D. Rowland

(b) Address Pleasant Hill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/42 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo.

18. (a) Signature of funeral director [Signature] (Specify type of place) (e) Means of Injury _____

(b) Address _____

19. (a) May 6, 1942 (b) Margaret Valle (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1942 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from ap. 3 1942, to ap. 1 1942 that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerosis

Due to _____

Due to _____

Other conditions 97 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address Pleasant Hill, Mo. Date signed 4/25/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1900

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.....

By me April 26 1942

Registered Apprentice No.

working under my personal supervision.

Signed

C. W. Brownfield
3785

Licensed Embalmer No.

P. O. Address Pleasant Hill 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.