V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17169

Registration District No. 379 — JUN 6 1942

Primary Registration District No. 1002

Registrar's No. 2031

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: Polyclinic Hospital 0 2416 Indep.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Hours (Specify whether
In this community 1 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 997

(a) State Wyoming (b) County Big Horn 48

(c) City or town Greybull 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country -------

3. (a) PRINT FULL NAME Mrs. Frances Roosa Shoemaker

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. Edgar Shoemaker

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

7. Birth date of deceased November (Month) 21 (Day) 1877 (Year)

8. AGE: Years 64 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Lincoln (City, town, or county) Nebraska 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Thomas Sturgeon
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Harriette Hernden
15. Birthplace (City, town, or county) New York 1 (State or foreign country)

16. (a) Informant Mrs E C Carroll
(b) Address 735 Cherry

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 25, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greybull, Wyoming

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) May 25 1942 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1942 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 22nd 1942 to May 22nd 1942 that I last saw her alive on May 22nd 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Inoperable Carcinoma of left Breast
Carcinoma of liver - Ascites
Due to Metastasis

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

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

23. Signature Anthony J. Cimeca (M. D. or other)

Address 2624 Independence Blvd. Date signed 5-23-42

361

(Licensed Embalmer's Statement on Reverse Side)

2624 Independence Avenue
11-2

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 K. 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, fact should be so stated above.