

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37051

State File No.

Registration District No. 120

Primary Registration District No. 4196

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town Darlington  
(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 60 years (Specify whether years, months or days)  
In this community 60 years

3. (a) PRINT FULL NAME Leander Shoemaker

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Margaret Shelby 6. (c) Age of husband or wife if alive June 9 1985 years  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 5 0 hr. min.

9. Birthplace Monroe Wisc.  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name William Shoemaker  
13. Birthplace Unknown N.C.  
(City, town, or county) (State or foreign country)  
14. Maiden name Felts  
15. Birthplace Unknown N.C.  
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Shoemaker  
(b) Address Darlington, Missouri  
17. (a) Burial (b) Date thereof 11-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Rouse

18. (a) Signature of funeral director Chaffin Smith  
(b) Address Albany, Mo.

19. (a) Nov 13 1942 (b) James D. Mink  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9  
year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from many years to 19  
that I last saw him alive on 19  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy  
Duration sudden

Due to myocarditis  
Due to

Other conditions.  
(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?

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

23. Signature Frank H. Rose (M. D. or other) MD  
Address Albany, Mo. Date signed 11-12-42

(Licensed Embalmer's Signature on Reverse Side)

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

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.....

Licensed Embalmer No. 3329

P. O. Address Albany 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.**