

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

1322

FILED JAN 22 1943

1. PLACE OF DEATH  
 County Jackson Registration District No. 149  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 0 Northeast Hospital 9 Days St.)  
 File No. \_\_\_\_\_ Registered No. 146 Ward \_\_\_\_\_

2. FULL NAME SANDRA SUE SHOEMAKER  
 (a) Residence, No. 1226 BENTON St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. 0 mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17 1942

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
— — 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City mo

FATHER 13. NAME Frank Shoemaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Cambria mo

MOTHER 15. MAIDEN NAME Violet Shoemaker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Cambria mo

17. INFORMANT Frank Shoemaker  
 (ADDRESS) 1226 Benton

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE New Cambria mo DATE Jan 12 1943

19. UNDERTAKER H. P. Gilleland  
 (ADDRESS) New Cambria, mo.

20. FILED 1-11 1943 M. M. Brown  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11 1943

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1943 to 1-11 1943

I last saw her alive on 1-11 1943 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

Bronchitis Pneumonia Date of onset 1-2-43  
Pulmonary congestion

Other contributory causes of importance: 101

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_  
 (Signed) Earl Van Gorder M. D.

(Address) 100 1/2 S. Alton  
W. C. mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

