

S. No. 2
M-9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6963

State File No.

FILED MAR 12 1943

Registration District No. 205

Primary Registration District No. 5740

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Lugo Twp
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community always years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon
(c) City or town Lugo Twp
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lewis Shoemaker

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M -

6. (b) Name of husband or wife Fanny Shoemaker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 14 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name James Shoemaker

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Hale

15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Jess Shoemaker

(b) Address Bever Mo

17. (a) burial (b) Date thereof 2/6/43
(Burial, cremation, or renoval) (Month) (Day) (Year)

(c) Place: burial or cremation Hodson yard -

18. (a) Signature of funeral director Adolf S. Krumm
(b) Address Macon Mo

19. (a) Feb. 20, 1943 (b) Alvina M. Gilliland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1943 hour 7 minute 9 M.
21. I hereby certify that I attended the deceased from Aug 10
1942 to Feb 4 1943
that I last saw him alive on Feb 2nd 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver Duration 1 yr

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 124 lbs

Major findings: Of operations _____
Of autopsy none

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)
(e) Means of injury _____

23. Signature Adolf S. Krumm (M-D. or other) _____
Address New Cambria Mo Date signed Feb 20 1943

1050

RECEIVED
District Health Officer No. 10
District File Number 3-43-530
Date Filed MAR 11 1943

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 Albert Skinner
Licensed Embalmer No. 751
P. O. Address Macon 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.