V. S. No. 2
00M—2-43
5-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED AUG 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24074

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3051

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: 1409 Benton Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61

(c) City or town Bevier, Missouri 0
(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 Margaret Shoemaker

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife ****

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

7. Birth date of deceased March (Month) 27 (Day) 1943 (Year)

8. AGE: Years 0 Months 3 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Bevier (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business .....

FATHER
12. Name Howard Shoemaker
13. Birthplace Clarence (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Nadine Shoemaker
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Nadine Shoemaker
(b) Address 1409 Benton Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-11-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Bevier Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri

19. (a) 7-11-43 (Date received local registrar) (b) P. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th. year 1943 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h Deputy Coroner, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Due to Status Thymico-Lymphaticus

Due to .....

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

64

Major findings:
Of operations .....

Of autopsy See Above

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 A. E. Assher (M. D. or other) M.D.

Address 23rd McCoy Date signed 7/11/43

(Licensed Embalmer's Statement on Reverse Side)

OCT 4 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 Theron R. Redmon

Licensed Embalmer No. 2737

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.