

S. No. 2
M-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40948

State File No. _____

FILED JAN 12 1945
Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Clay Liberty Twp
(b) City or town Rural
(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 _____ (Specify whether _____)
In this community _____ 10 years (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 3 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BENEDICT SHOMDAKLER

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dec 25 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. L. Grimes
(b) Address Rt 3, Liberty, Mo

17. (a) Burial (b) Date thereof Dec 14 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Country Home Church, Liberty Mo

18. (a) Signature of funeral director Chas. W. Archer
(b) Address Liberty, Mo

19. (a) Dec 13-44 (b) Helen Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1944 hour _____ minute 2 - P M.

21. I hereby certify that I attended the deceased from July 1, 1943 to Dec 12, 1944
that I last saw him alive on Dec 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death General Atherosclerosis with Severe Dementia
Duration 5 yrs.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 97

Major findings: Of operations _____
Of autopsy _____
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 Burton Mathey (M. D. or other) M.D.
Address Liberty Mo Date signed 12-13-44

926

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-9-12

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address 2 Butts 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.