S. No. 2
M—8-43
. 5-17-39
P 1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

184

State File No. 13705

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 158

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 minutes (Specify whether
In this community 64 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 2020 Grand Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Curtis T. Shoemaker.
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma Shoemaker
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Mar. 27, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	0	8	hr. min.

9. Birthplace Joplin Missouri (City, town, or county) (State or foreign country)
10. Usual occupation retired Mining Man
11. Industry or business
FATHER 12. Name Elias B. Shoemaker
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah Sneed
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Emma Shoemaker
(b) Address 2020 Grand Ave, Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem.
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.
19. (a) 4-5-45 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 4, day 1945
year hour 11-45 P.M. minute M.
21. I hereby certify that I attended the deceased from Did not attend, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary	
Due to Occlusion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94W
Coroners Investigation

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 D.W. Dorfelt Coroner (M. D. or other) DO
Address 2114 Joplin Date signed 4/5/45

1204

(Licensed Embalmer's Statement on Reverse Side)

45-4-309

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin Missouri

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.