

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16056**
2367
Registrar's No. _____

FILED JUN 11 1945
Registration District No. **199**

Primary Registration District No. **1002**

18
3
8

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

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:
111 East 33 rd. St.
(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.
years, months or days)

3. (a) PRINT FULL NAME Elizabeth Shoemaker
3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Shoemaker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 12 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 01 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Wolf Breibeck
13. Birthplace Unknown Germany U
(City, town, or county) (State or foreign country)
14. Maiden name Mary Kunz
15. Birthplace Unknown Germany U
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs M. Murphy

(b) Address 111 East 33 rd. Kansas City.
17. (a) Removal (b) Date thereof June 1, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monett Mo.

18. (a) Signature of funeral director Burk & Tobin
(b) Address 20 West Linwood, Kansas City.

19. (a) 6-1-45 (b) Stalling Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson **48**
(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. 111 East 33 rd. St.
(If rural, give location) **0**
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1945 hour 14 minute 10 A.M.
21. I hereby certify that I attended the deceased from Sept 29, 1944, to May 31, 1945;
that I last saw or alive on May 28, 1945;
and that death occurred on the date and hour stated above.
Immediate cause of death Acute coronary thrombosis Duration 3 hours

Due to Myocarditis (Chronic) Arterio Sclerosis 10/42 20/40
Due to _____

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

Major findings: 93 d
Of operations _____
Of autopsy _____

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 Joseph A. Fogarty (M.D. or other) 80
Address 406 North Main St. Date signed 6/1/45
RCB Mo.

Opposite

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..... *Charles M. Quinn*
Licensed Embalmer No. *3774*
P. O. Address..... *K. E. Jno.*

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.