S. No. 2
I—8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13781

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 42

1. PLACE OF DEATH:
(a) County LINN
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brookfield Hosp. Brookfield Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 53 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County LINN 58
(c) City or town Bucklin 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME FRANK CALVIN SHOEMAKER
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma V. Shoemaker
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Feb. 1 1865 (Month) (Day) (Year)
8. AGE: Years 81 Months 2 Days 9 If less than one day hr. min.
9. Birthplace Newburg Pa. (City, town, or county) (State or foreign country)
10. Usual occupation Merchant
11. Industry or business General Merchandise
MOTHER FATHER
12. Name W. B. Shoemaker
13. Birthplace Franklin Co. Pa. (City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Blythe
15. Birthplace Rowsburg Franklin Co. Pa (City, town, or county) (State or foreign country)
16. (a) Informant Floyd C. Shoemaker
(b) Address Centralia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 12, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mission Cem
18. (c) Signature of funeral director Logan Funeral Service
(b) Address Bucklin Mo.
19. (a) Apr 12, 1946 (Date received local registrar) (b) Walter B. Erwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 10. year 1946 hour 4 minute — A.M.
21. I hereby certify that I attended the deceased from 1/27 1940 to 4/10 1946 that I last saw him alive on 4/9 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Cerebral Hemorrhage	4/6/46
Due to Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. C. Logan (M. D. or other) D.O.
Address Bucklin, Mo. Date signed 4/10/46

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(Licensed Embalmer's Statement on Reverse Side)

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

12685

FEB 3 1947

MAR 3 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Buckler 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.