

FILED OCT 17 1946
Registration District No. _____

Primary Registration District No. 5499

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Rural, Lincoln Twp
(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 years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Hatfield
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Maud Belle Shoemaker

3. (b) If veteran Maud Belle 3. Social Security name war _____ No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 5
year 1946 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from 9-3 to 9-6, 1946, that I last saw her alive on 9-1, 1946, and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ed E. Shoemaker 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov 29 1888
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction
of heart

Duration 3 hrs

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>9</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Harrison Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Lee, Paulson

13. Birthplace Harrison Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Walter, Dennis

15. Birthplace Worth Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Shoemaker

(b) Address Hatfield Mo.

17. (a) Burial (b) Date thereof 9-8 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamar Cemetery

18. (a) Signature of funeral director Arch C. Smith

(b) Address Grand City, Mo.

19. (a) 9-12-46 (b) Chas. Adair
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no 14 B

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 MI

23. Signature Chas Adair (M. D. or other)

Address Grand City Mo Date signed 9/12/46

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

1100

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..... *Jack C. Dunfee*
Licensed Embalmer No. *3252*
P. O. Address *Grant City, 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.