

FILED FEB 3 1947
Registration District No. 274

Primary Registration District No. 3052-8936

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SMITHTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 6 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County PETTIS
(c) City or town SMITHTON
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GOLDIE JANE SHOEMAKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MAR.
6. (b) Name of husband or wife H.M. SHOEMAKER 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased JAN 15 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 11 28 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name BEN LITTLE

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

14. Maiden name MOLLIE MAYHERRY

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

16. (a) Informant RUSSELL W. SHOEMAKER

(b) Address SMITHTON Mo. R-1

17. (a) BURIAL (b) Date thereof 1-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Geo. Dillard

(b) Address Sedalia, Mo.

19. (a) 1/16/47 (b) Betty Yeager
(Date received local registry) (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 13
year 1947 hour 11:00 PM minute A M.
21. I hereby certify that I attended the deceased from 29 Dec 1946
to 13 JAN 47
that I last saw ER alive on 12 JAN 47
and that death occurred on the date and hour stated above.
Immediate cause of death CARDIAC FAILURE

Due to ACCIDENT (DISLOCATION) FRACTURE LEFT SHOULDER MULTIPLE BRUISES 5 DAYS
DE to

Other conditions ARTERIOSCLEROSIS OBESITY (+300#)

Major findings: Of operations _____ Of autopsy 187A

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ACCIDENT
(b) Date of occurrence 29 DEC, 1946
(c) Where did injury occur? SEDALIA PETTIS Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
PUBLIC PLACE

While at work? No (Specify type of place) (e) Means of injury FALL

23. Signature Karl B. Jones (M. D. or other) MD
Address Sedalia Mo. Date signed 15 JAN 47

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

RECEIVED

District Health Officer No. 1,

Quilt File Number _____

Date Filed 1-25-47

FEB 3 1947

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sehalia 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.