S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1947

Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5905

State File No. _____

Primary Registration District No. 4456

Registrar's No. 7

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Appleton City mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ELLETTS Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community years, months or days) 80 yrs 8 m 19 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Clair
(c) City or town Appleton City mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth F. Shoemaker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fem

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William Shoemaker

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May (Month) 28 (Day) 1866 (Year)

8. AGE: Years 80 Months 8 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Park
13. Birthplace _____ (City, town, or county) Ky (State or foreign country)
14. Maiden name Isabel Counler
15. Birthplace _____ (City, town, or county) mo (State or foreign country)

16. (a) Informant Isabelle Benda
(b) Address Miami Okla

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Kidd's Chapple

18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City mo

19. (a) Feb. 18-47 (Date received local registrar) (b) Mrs Ola Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1947 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 28 Jan 1947, to 17 Feb 1947, that I last saw him alive on 17 Feb 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Ch.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration

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 _____ (M. D. or other)
Address Appleton City Date signed 18 Feb 47

(Licensed Embalmer's Statement on Reverse Side)

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

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~~ _____

17th day of Feb — 1947, Registered Apprentice No. _____,

working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton 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.