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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13667

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 1739

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~~: TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 13 DAYS (Specify whether
In this community 2 MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 93

(c) City or town APPLETON CITY 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME MR GORDON HENRY SHOEMAKER

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of ~~husband~~ or wife MRS. BERTHA SHOEMAKER

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

7. Birth date of deceased FEBRUARY (Month) 9 (Day) 1881 (Year)

8. AGE: Years 66 Months 2 Days 6 If less than one day hr. min.

9. Birthplace NEAR APPLETON CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER

11. Industry or business - - -

FATHER
12. Name ROBERT SHOEMAKER 4
13. Birthplace (City, town, or county) UNKNOWN 1 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN 9 (State or foreign country)

16. (a) Informant MRS LOIS GRAHAM
(b) Address 4000 EAST 51ST ST. TERRACE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-16-47 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ APPLETON CITY, MO.

18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 15TH
year 1947 hour 3 minute 55 P.M.

21. I hereby certify that I attended the deceased from Pathologist 2 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation

Due to Encephalomalacia, embolic Marantic Endocarditis

Due to due to Carcinoma of Stomach c̄ metastases

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46 b

Of autopsy above.

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Jack H Hill (M. D. or other) M. D.
Address 4447 Sunrise Drive Date signed 15 Apr 47

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1942

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 D. H. Nolsinger.

Licensed Embalmer No. 5938

P. O. Address Kansas 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.