S. No. 2
d—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41495

FILED JAN 6 1948

Registration District No. 1831 Primary Registration District No. 4209 Registrar's No.

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Mt. Moriah (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
In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 41
(c) City or town Hatfield 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDGAR ELLSWORTH SHOEMAKER
3. (b) If veteran, name war World War One (1)
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Verda Shoemaker
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased May (Month) 11 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
59	7	13	hr. min.

9. Birthplace Mercer County, Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER 12. Name B. H. Shoemaker
13. Birthplace Iowa (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Margaret Ellsworth
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Verda Shoemaker
(b) Address Mt. Moriah, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Lamoni Cemetery Lamoni, Ia.
18. (a) Signature of funeral director E. J. Stoklasa
(b) Address Cainsville, Mo.
19. (a) 12/27/47 (Date received local registrar) (b) S. Phe Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th year 1947 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from ✓ 19..., to ✓ 19...;
that I last saw him alive on 19...;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Cerebral Hemorrhage
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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 Joe E. Wheeler (M. D. or other)
Address Mt. Moriah, Missouri Date signed 12-27

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Eddie J. Stoklasa, ~~Registered~~ Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.