No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7620

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Wash Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp # 32
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 7 mo 2 dy (Specify whether)
In this community 1 year 7 months 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar 20
(c) City or town Edwards Springs 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 LOU SHOEMAKER

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 3 (Month) 23 (Day) 1879 (Year)

8. AGE: Years 68 Months 10 Days 26 If less than one day ___ hr. ___ min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business:

MOTHER FATHER

12. Name Humbert McNeece
13. Birthplace Milan Mo (City, town, or county) 0 (State or foreign country)
14. Maiden name Pennelia Tuss
15. Birthplace Milan Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Hospital records
(b) Address Nevada, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation El Dorado Springs

18. (a) Signature of funeral director Gwinn Carothers
(b) Address El Dorado Springs, Mo

19. (a) 2-19-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 19 year ~~1947~~ 1948 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4-25, 1947, to 2-19-1948; that I last saw her alive on 2-18-1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic heart disease	
Due to Arteriosclerosis	
Due to	
Other conditions Senile delirium (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 938

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

23. Signature R. T. Hall M.D. (M. D. or other)
Address Nevada Mo Date signed 2-19-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-48-118
Date Filed 2-25-48

JUN 30 1948

JUN 20 1948

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 Floyd E. Carathers

Licensed Embalmer No. 4419

P. O. Address El Dorado Springs 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.

State of Missouri } ss.
County of Vernon }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 7620
Local Registrar's No.

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of death
for Lou Shoemaker died February 19th., 1948, in the State of
Missouri, and which was filed at Nevada, Mo. on Feb.19th, 1948, should be corrected as follows:

Item No. 20 should read February 19th.1948
Instead of February 19th.1947
Item No. 21 should read last saw her alive Feb.18th.1948
Instead of last saw her alive Feb.18th.1947
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant A. G. Hall MD
Relationship.

Physician
Present Address.

Subscribed and sworn to before me this 29 day of June, 1949

My Commission expires Feb. 11th, 1953 John H. Scott Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

1948
S-7620