6. No. 2
(—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 12 1948

Registration District No. [redacted]

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11874

Primary Registration District No. 3014

Registrar's No. 28

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Liberty (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clay County Jail (If not in hospital or institution, write street number or location) A
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 11 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Johnson 999
(c) City or town: Overland Park 14 8134 W 78th (If outside city or town limits, write "RURAL")
(d) Street No. 6264 W 78th St (old address) (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: John Albert (Jack) Sheemaker
3. (b) If veteran, name war: No
3. (c) Social Security No. 496-09-8908
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced 3
6. (b) Name of husband or wife: .....
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: April (Month) 4 (Day) 1919 (Year)

8. AGE: Years	Months	Days	If less than one day
29	0	29	..... hr. ..... min.

9. Birthplace: Kansas City (City, town, or county) Mo. U (State or foreign country)
10. Usual occupation: Machinist
11. Industry or business: Collins Transfer Co KC Mo.
MOTHER FATHER
12. Name: Harry Allen Shoemaker
13. Birthplace: Kansas City, (City, town, or county) Mo. U (State or foreign country)
14. Maiden name: Ophelia Ferguson
15. Birthplace: Pierce City, (City, town, or county) Mo. U (State or foreign country)
16. (a) Informant: Harry Allen Shoemaker
(b) Address: 8134 W 78th Overland Park Kan.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills KC Mo.
18. (a) Signature of funeral director: O. J. Carder Jr.
(b) Address: 119 E Franklin St. Liberty, Mo.
19. (a) May 9, 1948 (Date received local registrar) (b) Minnie Hay (Registrar's signature) 64

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 3 year: 1948 hour: 5 minute: 00 A.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw the deceased alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Alcoholism	Duration
Due to: crushed chest	
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): Acute Alcoholism
(b) Date of occurrence: 5/3/48
(c) Where did injury occur? Liberty (City or town) Clay (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? County Jail (Specify type of place)
While at work? ..... (e) Means of injury: 3
23. Signature: P. W. Brother (M. D. or other)
Address: Excelsior Springs Mo. Date signed: 5/3/48

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

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

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 5-10-48

JUN 10 1948
JUN 9 1948

MAY 14 19

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 O. J. Carder Jr.

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.