

FILED JUN 21 1948

State File No. \_\_\_\_\_

Registration District No. 302

Primary Registration District No. 3071

Registrar's No. 21

1. PLACE OF DEATH  
(a) County Saline  
(b) City or town State  
(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 all his life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Saline  
(c) City or town State  
(If outside city or town limits, write "RURAL"  
(d) Street No. 617 West Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT NAME Andrew Jackson Shoemaker  
FULL NAME  
3. (b) If veteran,  name war \_\_\_\_\_  
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 8th  
year 1948 hour 11 minute 45 a. M.

4. Sex Male 5. Color or race white 6. (a)  Single,  widowed,  married,  divorced  
6. (b) Name of husband or wife Volterra Shoemaker 6. (c) Age of husband or wife if 61 years  
7. Birth date of deceased January 4-1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2:30 PM 6-8-48 to 10:45 AM 6-8-48, 1948;  
that I last saw him alive on June 8-48, 1948;  
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 5 Days 4 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary Occlusion Duration 6 hours

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

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation Retired Conductor

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Engineering

Major findings of operations \_\_\_\_\_

12. Name Andrew Shoemaker

Of autopsy \_\_\_\_\_

13. Birthplace Edina, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hutton

15. Birthplace Edina, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Wm. J. Shoemaker

(b) Address State, Mo

17. (a) Funeral (b) Date thereof 6-10-48  
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation State City Cemetery

18. (a) Signature of funeral director State, Mo

(b) Address \_\_\_\_\_

19. (a) 6-12-48 (b) McEal C. Metz  
(Date received local registrar) (Registrar's signature)

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?

23. Signature W. C. Long (M. D. or other) \_\_\_\_\_  
Address State, Mo Date signed 6/9/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-19-48

JUL 22 1948

JUN 21 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 Herman Salze

Licensed Embalmer No. 1830

P. O. Address Slater

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.