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-10-47
-17-39
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FILED NOV 12 1948

Registration District No. 156

Primary Registration District No. 200

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
902 E. 15th. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXX
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin
(If outside city or town limits, write "RURAL") 5

(d) Street No. 902 E. 15th. St.
(If rural, give location)

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

If yes, name country XXXXX

3. (a) PRINT FULL NAME Louis Vaughn Shoemaker

3. (b) If veteran, name war XXXXX

3. (c) Social Security No. _____

4. Sex male white 5. Color or race white

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

6. (b) Name of husband or wife Maude E. Shoemaker

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

7. Birth date of deceased October 19 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>		<u>12</u>	<u>X</u> hr. <u>XX</u> min.

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

10. Usual occupation city employee

11. Industry or business _____

12. Name Thomas Riley Shoemaker

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Maude C. Shoemaker

(b) Address 902 E. 15th. St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11 3 48
(Month) (Day) (Year)

(c) Place: burial or cremation FOREST PARK Cem

18. (a) Signature of funeral director Hurlbut-Glover

(b) Address 422 Sergeant, Joplin, Mo.

19. (a) 11-3-48 (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 31
year 1948 hour 8 am minute _____ M.

21. I hereby certify that I attended the deceased from Oct 23
_____ 1948, to _____ 19____;

that I last saw him alive on Oct 30 _____ 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Block Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature V.E. Berry (M. D. or other) WLD

Date signed 11-7-48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

name w. label 12

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.....

William E. Freer, Registered Apprentice No. *283*

working under my personal supervision.

Signed

Dale Glover

Licensed Embalmer No.

45-93

P. O. Address

Joplin, 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.