

REC'D AUG 23 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

24675

Do not use this space.

## 1. PLACE OF DEATH

(a) County Bollinger Registration District No. 18  
 (b) Township Union Primary Registration District No. 5107 Registered No. ....  
 (c) City ..... (d) Street No. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred, yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Clara Shoemaker 526  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Shoemaker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 4 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Madison Co 0  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME James B Pippins

14. BIRTHPLACE (CITY OR TOWN) Tennessee 0  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martina King

16. BIRTHPLACE (CITY OR TOWN) Madison Co  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Frank Shoemaker  
 (ADDRESS) Bollinger Co Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shenoyes Cemetery DATE 8/7 1938

19. FUNERAL DIRECTOR (NAME) Ed. H. Webb  
 (ADDRESS) Fredrickson Mo

20. FILED 9/1 1938 Bertha Matton  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:00 A.M.

The principal cause of death and related causes of importance were as follows:

Epileptic - had no medical attendance Date of onset .....

Other contributory causes of importance: JS

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Y

If so, specify .....

(Signed) Andrew J. Baker Coroner

(Address) Unionville 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,

*Myron A. LaPee*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Myron A. LaPee*

Licensed Embalmer No. *4025*

P. O. Address

*Fredericktown*

**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, above space should be left blank.**