

REC 3 JUL 11 1939

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

21592  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township ~~Washington~~ Primary Registration District No. 1001 Registered No. 629  
(c) City St. Joseph (d) Street No. St. Joseph's Hospital St.  
(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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hattie Shoemaker

(a) Residence, No. 1617 S. 11th. 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 Roy Shoemaker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27th. 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 2 24

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) Parnell City (STATE OR COUNTRY) Mo.

FATHER 13. NAME Joseph Gruit

14. BIRTHPLACE (CITY OR TOWN) Nodaway County (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Elizabeth Lewis

16. BIRTHPLACE (CITY OR TOWN) Boone County (STATE OR COUNTRY) Ind.

17. INFORMANT Roy Shoemaker (ADDRESS) 1617 S. 11th. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wt. Auburn DATE JUNE 24, 39

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED June 23, 39 A. Reidebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21st. 1939

22. I HEREBY CERTIFY, That I attended deceased from May 28th, 1939, to June 21st, 1939  
I last saw her alive on June 21st, 1939. Death is said to have occurred on the date stated above, at 4 P. m.  
The principal cause of death and related causes of importance were as follows:

Acute glomerular nephritis  
Broncho-pneumonia

Date of onset  
6-17-39

Other contributory causes of importance:  
Renal + Pericardial Effusion

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? N.O.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None 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? N.P.  
If so, specify \_\_\_\_\_  
(Signed) Harry L. Pitts, M. D.  
(Address) 203 N. Lafayette St. St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1157  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X16605

**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.....

*John E. Rupp*

Licensed Embalmer No.....

*3986*

P. O. Address.....

*St. Joseph*

**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.**