

FILED OCT 13 1941

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

32453
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 33
(b) Township Irondale Primary Registration District No. 6024 B Registered No. 14
(c) City Irondale (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES MONORE SHOEMAKE

(a) Residence, No. IRONDALE R.R. #1 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 M 0 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED 1

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY ELIZABETH SHOEMAKE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 16 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 11 25

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. U

FATHER 13. NAME WM. G. SHOEMAKE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

MOTHER 15. MAIDEN NAME SARAH E. WELLS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mr. James Shoemake Irondale R.R. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral DATE Sept. 14 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. S. Bergeron Leadwood

20. FILED 10/10 19 41 W. E. Dubuchon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11 41

22. I HEREBY CERTIFY That I attended deceased from Aug 7.5 1941, to Sept. 11 41, 1941. I last saw him alive on Sept 10 41. Death is said to have occurred on the date stated above, at 8:30 am

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

Typhoid Date of onset 8/14/41

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

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? NO
If so, specify _____
(Signed) Arnold M. M... E, M. D.
(Address) Leadwood, Mo.

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.

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 Clyde McKeeney, Registered Apprentice No. 279 working under my personal supervision.

Signed Bert L. Boyer
Licensed Embalmer No. 3445
P. O. Address Leadwood

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.