

FILED APR 22 1942

Registration District No. 73

Primary Registration District No. 3006-5778

Registrar's No. 26

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

10  
4950  
4

**1. PLACE OF DEATH:**  
 (a) County Boone  
 (b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
100 College Ave  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
(Specify whether years, months or days)  
 In this community 10 years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Boone  
 (c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 100 College Ave  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** MARY HOOVER SHOOK  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month March day 24  
 year 1942 hour about 4 minute A M.  
 21. I hereby certify that I attended the deceased from June  
1939 to March 24, 1942  
 that I last saw her alive on 3-16, 1942  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife J. S. Shook  
 6. (c) Age of husband or wife if alive Unknown years  
 7. Birth date of deceased June 7 1873  
(Month) (Day) (Year)

Immediate cause of death:  
Myocarditis  
Hypertension  
 Duration 5 yrs.

**8. AGE:** Years 68 Months 8 Days 17  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Expired in sleep  
 Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death)  
 \_\_\_\_\_

10. Usual occupation At Home

Major findings: 938  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name George Hoover  
 13. Birthplace Missouri Co Mo  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Patton  
 15. Birthplace Green Co Mo  
(City, town, or county) (State or foreign country)

**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?  
 \_\_\_\_\_

16. (a) Informant My John Buchraeder  
 (b) Address Columbia Mo  
 17. (a) Interment (b) Date thereof March 24 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Marshall Mo

While at work? \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury \_\_\_\_\_  
 23. Signature A. C. Robb (M. D. or other) MD  
 Address Columbia Mo Date signed 3/24/42

18. (a) Signature of funeral director Marshall Mo  
 (b) Address Columbia Mo  
 19. (a) 3-26-42 (b) Edna H. Barbee  
(Date received local registrar) (Registrar's signature)

1250

MAY 18 1942

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**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.....

Licensed Embalmer No. *411312*

P. O. Address *Columbia, 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.**