

FILED DEC 12 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36989

State File No.

Registration District No. 98

Primary Registration District No. 5358

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Davies
(b) City or town Alta Mont
(c) Name of hospital or institution: Colfax Rural Colfax
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 35 yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Davies
(c) City or town Alta Mont
(If outside city or town limits, write "RURAL")
(d) Street No. Colfax Township (If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME

Everitt Marshall Shoemaker

MEDICAL CERTIFICATION

3. (b) If veteran, name war

3. (c) Social Security No.

20. DATE OF DEATH: Month 11-11 day 14 year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1939 to now, 1942 to now 11, 1942 that I last saw him alive on 11-11, 1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie 6. (c) Age of husband or wife if alive 61 years (Day) 2 (Year) 1880

Immediate cause of death Cerebral hemorrhage
Due to malignant hypertension
Due to stroke

8. AGE: Years 62 Months 8 Days 9 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Albert Shoemaker

13. Birthplace Dont Know (City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Hattie L Shoemaker

(b) Address Alta Mont, MO

17. (a) Alta Mont (b) Date thereof 11-13-42 (Month) (Day) (Year)

(c) Place: burial or cremation mt air

18. (a) Signature of funeral director Wm. L. Stover

(b) Address Wm. L. Stover

19. (a) 11-13-1942 (b) L. O. Pichman (Date received local registrar) (Registrar's signature)

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 Frank R. Wilson (M. D. certifier)

Address Wm. L. Stover Date signed 11-22-42

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

31
0
0

SEP 1 1943

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. 1180

P. O. Address Cameron M

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.