S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41240

State File No.

Registration District No. 82 | Primary Registration District No. 5311 | Registrar's No. 190

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Rural - Near Pilot Grove (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: 82 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cooper
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Near Pilot Grove, Mo (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: STERLING SHOEMAKER.
3. (b) If veteran, name war: No
3. (c) Social Security No.: No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec (Month) 12 (Day) 1864 (Year)
8. AGE: Years: 83 | Months: — | Days: 3 | If less than one day: hr. min.
9. Birthplace: Cooper Co - Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer.
11. Industry or business: Farming
FATHER
12. Name: Wash Shoemaker
13. Birthplace: unknown (City, town, or county) USA! (State or foreign country)
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) USA! (State or foreign country)
16. (a) Informant: Sam Shoemaker
(b) Address: Pilot Grove, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Pilot Grove, Mo
18. (a) Signature of funeral director: Hays & Painter
(b) Address: Pilot Grove, Mo
19. (a) 12-18-47 (Date received by local registrar) (b) D. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 15 year: 1947 hour: 3 minute: 10 P.M.
21. I hereby certify that I attended the deceased from October 15, 1947, to 12/15, 1947, that I last saw him alive on 12/14, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure, Malnutrition —	
Due to: Generalized metastases, c Carcinoma Prostate as Primary	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

51 B

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work?
(e) Means of injury: 0
23. Signature: E. T. Humphreys (M. D. or other)
Address: Pilot Grove, Mo. Date signed: 12/15/47

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No.

District File Number

Date Filed 1-2-48

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 Myself

Registered Apprentice No.

working under my personal supervision.

Signed Peyton E. Hays

Licensed Embalmer No. 3094

P. O. Address Pilot Grove, 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.