

REC'D JUL 12 1938

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

21000

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100v
 (c) City K. C. Mo. (d) Street No. 5016 East 8th 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.

Registered No. **2450**

2. PRINT FULL NAME

Morris Clarence Shiffner 156
 (a) Residence, No. 5016 East 8th St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 5 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Printer
 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) Belton, Mo. D13. NAME John Shiffner 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania 115. MAIDEN NAME Mary Ann Miller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania17. INFORMANT (ADDRESS) Roscoe B. Shiffner
5033 E. 6th St.18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE June 18, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Wagner Funeral Home
Kansas City, Mo.20. FILED June 18, 1938 M. M. Grove
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 193822. I, HEREBY CERTIFY, That I attended deceased from June 17, 1938, to June 17, 1938.

I last saw the deceased at home, 19 June 17, 19 1938. Death is said to have occurred on the date stated above, at 5:45 am
 The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Sclerosis
Chronic Fibrous Myocardium
92c

Other contributory causes of importance:

Name of operation Cath Date of June 17, 1938
 What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury June 17, 1938

Where did injury occur? Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify

(Signed) Russell W. Fern M. D.
 (Address) 1212 W. 12th St.

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

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.

FORM-1 (7-34)
I X14228

STATE OF TEXAS
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

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.....

P. O. Address.....

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.