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.

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

REC'D NOV 21 1938

34818
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
(d) Street No. 4248 Greenwood Place 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.

Registration District No. 2 / 399
Primary Registration District No. 1 / 1002
Registered No. 4154

2. PRINT FULL NAME 456 Gilbert E. Challinor
(a) Residence, No. 4248 Greenwood Place St.
(Usual place of abode, if no street address, write county or city) (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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gertrude C. Challinor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: Years 55; Months —; Days —; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Pres. Evengrip
9. Industry or business in which work was done, as saw mill, bank, etc.: Brake Corporation
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): England 4

FATHER
13. NAME: John E. Challinor 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 4

MOTHER
15. MAIDEN NAME: Elizabeth Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT: Jack Cahallinor (Brother)
(ADDRESS) 11 E. 69th St. Ter., Kansas Cy, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 10/26 1938

19. FUNERAL DIRECTOR (NAME): Stine & McClure
(ADDRESS) Kansas City, Missouri

20. FILED 10-25 1938 M. M. Crowe
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1938 to Oct 24, 1938
I last saw him alive on Oct 24, 1938. Death is said to have occurred on the date stated above, at 1 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	unknown
9413	
Other contributory causes of importance:	
Acute Myocarditis	unknown
Acute Pericarditis	unknown

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Lawrence E. Shad, M. D.
(Address) 221 Plaza Medical Bldg

(Licensed Embalmer's Statement on Reverse Side)

MED ART
1-30

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 comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.