

REC'D APR 17 1939

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

9366
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 972
 (c) City Kansas City (d) Street No. 2932 Baltimore Ave. 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 12 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 53 Emma Margret Shanks

(a) Residence, No. 2932 Baltimore Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Shanks
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1 1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 1 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Osage City
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Bolfig

14. BIRTHPLACE (CITY OR TOWN) Osage City
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Henrietta Truetzel

16. BIRTHPLACE (CITY OR TOWN) Osage City
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs E. J. Thompson
 (ADDRESS) Osage City Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 3-6-39

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary
 (ADDRESS) Kansas City Missouri

20. FILED 373 19 39 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3-39 19

22. I HEREBY CERTIFY That I attended deceased from Feb. 25 1939, to Mar. 3 1939

I last saw him alive on Mar. 2 1939 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis - Hypertrophy of heart.

Other contributory causes of importance:
Toxic shock about 6 years ago.

Name of operation Chemical Date of No
 What test confirmed diagnosis Was there an autopsy?

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?
 If so, specify Dr. A. Norberg M. D.
 (Signed) (Address) 618 Professional Bldg

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.

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.

11-18-30
P.M.