

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

18824

Do not use this space.

390 JUN 15 1939

1. PLACE OF DEATH

- (a) County Jackson Registration District No. 398
 (b) Township Primary Registration District No. 3019 Registered No. 169
 (c) City Kansas City, Mo. (d) Street No. Independence, Sanitarium 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.

2. PRINT FULL NAME

- 555 Ella Mae Shineman,
 (a) Residence, No. 1911 Evanston Ave., Indp. Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. A. Shineman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28th, 1864</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>11</u>	DAYS <u>18</u>
IF LESS than 1 day, hrs. or min.		

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. <u>Housewife</u>
	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) <u>No record - Nebraska</u>
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FATHER	13. NAME <u>John Woolfe</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>

MOTHER	15. MAIDEN NAME <u>No Record</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>

17. INFORMANT <u>Mr. Ralph Shineman,</u> (ADDRESS) <u>1807 Quindaro Blvd., K. C. Ks.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington, Ks.</u> DATE <u>May 18th, 39</u>

19. FUNERAL DIRECTOR (NAME) <u>Mrs. C.L. Forster</u> (ADDRESS) <u>918 Brooklyn Avenue, K.C. Mo.</u>
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20. FILED <u>5-19-39</u> <u>J. L. Brooks</u> (Address) <u> </u> Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16th, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1939, to May 16, 1939
 I last saw him alive on May 15, 1939 Death is said to have occurred on the date stated above, at A.m.
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 5/1/39

Other contributory causes of importance:

Name of operation none Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no

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..... (Signed) J. W. Clark M. D.
Farmington, Mo

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.