

1939 JUN 15

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

18830  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 398  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3019 Registered No. 152  
 (c) City Independence, Mo. (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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 Arthur Edell Shore  
 (a) Residence, No. 219 S. Pleasant 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 Nathan M. Shore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 9 18

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.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Vapo, Mo.  
 13. NAME Jesse Abbott Page  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Kansas

MOTHER  
 15. MAIDEN NAME Margarett F. Harvelson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Kansas

17. INFORMANT (ADDRESS) Mr. Roy Shore 218 W. Walden

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE May 7 1939

19. FUNERAL DIRECTOR (ADDRESS) Oh + Mitchell Independence, Mo.

20. FILED 5-11-39 1939 J. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10 1939 to May 5 1939.  
 I last saw him alive on May 5 1939 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia 4/7/39  
Acute Myocarditis 4/16/39

Other contributory causes of importance:  
101 W

Name of operation X Date of X  
 What test confirmed diagnosis? X-ray 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? NA  
 If so, specify \_\_\_\_\_  
 (Signed) Chas. S. ... M. D.  
 (Address) Independence, Mo.

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**