

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38601

DEC 11 1939

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4365

1. PLACE OF DEATH: 1

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: St. Mary's Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution About 30 Yrs. (Specify whether years, months or days)

In this community About 30 Yrs.

3. (a) PRINT FULL NAME JOHN SHINNERS 562

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Burke Shinners

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased No Record
(Month) (Day) (Year)

8. AGE: Years 65 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Policeman

11. Industry or business K. C. Police Dept.

MOTHER FATHER

12. Name Luke Shinners

18. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Fagerty
(City, town, or county) (State or foreign country)

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Katherine Shinners

(b) Address 2301 Summit

17. (a) Burial (b) Date thereof 11-16-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Tabin Co

(b) Address K. C. Mo.

19. (a) Nov 15, 1939 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2301 Summit
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

20. DATE OF DEATH 1939 month 11 day 16 year 1939 hour 7 minute 48 M.

21. I hereby certify that I attended the deceased from 11-13 to 11-13 1939 that I last saw him alive on 11-13 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - Chronic

Due to Arteriosclerosis

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature M. J. Owens (M. D. not)

Address 90 Grand Ave Date signed _____

Duration ?

PHYSICIAN ?

Underline the cause to which death should be charged statistically.

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

Maurice Surt

Licensed Embalmer No. *2226*

P. O. Address

K. C. Mo.

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.