

JAN 15 1940

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

43995
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 546

(b) Township Johnson Primary Registration District No. 5735 Registered No. 16

(c) City _____ (d) Street No. _____ 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 Sallie Lora Shinkle

(a) Residence, No. Sape Mo St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-25-1866

7. AGE YEARS 73 MONTHS _____ DAYS 24 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work

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) 12-16-39 11. Total time (years) spent in this occupation 50 7 2

12. BIRTHPLACE (CITY OR TOWN) Marion Co Mo (STATE OR COUNTRY) _____

FATHER 13. NAME James S Shinkle 14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Eliza Coppedge 16. BIRTHPLACE (CITY OR TOWN) Marion Co Mo (STATE OR COUNTRY) _____

17. INFORMANT Mrs A C Magnuson (ADDRESS) St James Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dallas Crm DATE 12-20 1939

19. FUNERAL DIRECTOR (NAME) W Shuckler (ADDRESS) St James Mo

20. FILED Jan 6 1940 Sam A. Warner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1939 to Dec 19 1939

I last saw h. r alive on Dec 18 1939. Death is said to have occurred on the date stated above, at 3:06 p.m.

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

Date of onset 12/18/39

Other contributory causes of importance: 87 1/2'

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical 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? no
If so, specify _____ (Signed) William H. Green M. D.
(Address) St James, 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.

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 W. E. Dickler

Licensed Embalmer No. 1970

P. O. Address St. James 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.