

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

**7591**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Wodaway Registration District No. 629  
 (b) Township Jackson Primary Registration District No. 5831  
 (c) City or ..... (d) Street No. .... St. ....  
 (e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. ....

**2. PRINT FULL NAME**

**JOHN SHANKS**

(a) Residence, No. Wodaway County 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 Male 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Sophia Nagel  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-30-1874  
 7. AGE YEARS 65 MONTHS 4 DAYS 3 If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) 2-3-1940 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baron of Switzerland

FATHER 13. NAME John Shanks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baron of Switzerland

MOTHER 15. MAIDEN NAME Anna Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baron of Switzerland

17. INFORMANT (ADDRESS) Lewis Shanks, Ravenwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Oaklawn Cem DATE 2-7 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Simon Ross, Ravenwood, Mo.

20. FILED Feb. 6, 1940 Grace Buholtz Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1940  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1940 to Feb 3 1940  
 I last saw him alive on Feb 3 1940 Death is said to have occurred on the date stated above, at 6:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Acute myocarditis Date of onset  
grippe 11/8  
 Other contributory causes of importance:

Name of operation ..... Date of .....  
 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 .....  
 (Signed) R. J. Carter M. D.  
Ravenwood Mo (Address)

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.

RECEIVED  
District Health Officer No. 111  
340-35  
District File Number  
Date Filed MAR 13 1948

**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.**