

FILED APR 12 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1183

1. PLACE OF DEATH:

(a) County Jackson,  
(b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
501 West 11th St.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
35 yrs (Specify whether  
In this community no.  
years, months or days)

3. (a) PRINT FULL NAME Victor Hugo Shifley, 140

8. (b) If veteran, name war Unknown 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 Arnie Belle Shifley 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March 26, 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>18</u>	hr. min.

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

10. Usual occupation retired,

11. Industry or business X

MOTHER FATHER  
12. Name Gotlieb Shifley,  
13. Birthplace Germany,  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Hollock,  
15. Birthplace Germany,  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Annie Belle Shifley,  
(b) Address 501 West 11th St., K. C., Mo.

17. Blandinsville 2nd (b) Date thereof 3-16-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blandinsville 2nd

18. (a) Signature of funeral director Stine & McClure.  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-16-40 (b) M. M. Cron  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,  
(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 501 West 11th Street,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th,  
year 1940 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from Jan 28 to Mar 14 1940  
that I last saw h. h alive on Mar 14 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death acute Pulmonary Edema  
Due to Chor Myocardial degeneration  
Chor. Coronary artery disease  
Due to Renal  
Other conditions (include pregnancy within 3 months of death) no

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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? \_\_\_\_\_

(Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature J. B. Hume (M. D. or other) \_\_\_\_\_  
Address 306 E 12 Date signed 3/15/40

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.

REV. 5-17-39  
U. S. G. P. 1938

Drs. Brams and Ross

✓ 8244  
90941E

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**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.**