

MAY 13 1940

Registration District No. **908**Primary Registration District No. **4849**Registrar's No. **19**

1. PLACE OF DEATH:

(a) County Wright
 (b) City or town North Grove
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days 574

8. (a) PRINT FULL NAME Ezekiel Luther Shinkle

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M6. (b) Name of husband or wife Ada Shinkle 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Sept 22 1857
(Month) (Day) (Year)8. AGE: Years 82 Months 6 Days 13 If less than one day _____ hr. _____ min.9. Birthplace _____
(City, town, or county) (State or foreign country) Illinois

10. Usual occupation _____

11. Industry or business Retired

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country) Illinois

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country) Illinois16. (a) Informant Mrs. Ada Shinkle(b) Address North Grove, Mo.17. (a) Burial (b) Date thereof April 7 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wright18. (a) Signature of funeral director Wright(b) Address North Grove, Mo.19. (a) 4-7-40 (b) Bernice Madson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright
 (c) City or town North Grove
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 5
year 1940 hour _____ minute 40 M.21. I hereby certify that I attended the deceased from Apr. 1, 1940, to Apr. 5, 1940;
that I last saw him alive on Apr. 5, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death influenza

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence 3(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? 831While at work _____ (Specify type of place)
(c) Means of injury _____23. Signature W. H. ... (M. D. or other) _____Address North Grove, Mo. Date signed 4-7-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. ~~6~~

District File Number 540-1267

Date Filed MAY 9 1940

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

Wm. Staff

Licensed Embalmer No. 3161

P. O. Address Wm. Staff

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.