

FILED SEP 12 1941

State File No. 3017

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
EVA D. PROUT Conv. Home 4401 E. 36th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Months
(Specify whether
In this community 11 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CLAY 24
(c) City or town SMITHVILLE, MO.
(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.? 1 years.

8. (c) PRINT FULL NAME ELIZABETH M. SHINN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife CHAS. L. SHINN 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 5 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name A.C. PHILLIPS
13. Birthplace Chariton Co., MO.
(City, town, or county) (State or foreign country)
14. Maiden name JANE WILSON
15. Birthplace Chariton Co., MO.
(City, town, or county) (State or foreign country)

16. (a) Informant CHARLES L. SHINN
(b) Address SMITHVILLE, MO.

17. (a) Burial (b) Date thereof 8-10-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: SMITHVILLE, MO.

18. (a) Signature of funeral director McComas Mortuary

(b) Address Smithville, Mo.

19. (a) 8/10/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 7
year 1941 hour 11 minute P M.

21. I hereby certify that I attended the deceased from 6-39 to 8-7, 1941;
that I last saw her alive on 8-7-41, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Disseminated Sclerosis 4-10 yrs
(Disseminated)

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 _____
(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? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____

23. Signature J. E. Selman (M. D. or other) D
Address Smithville, Mo. Date signed 8-8-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 S. A. McComas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.