

DEC 22 1941
Registration District No. 399

Primary Registration District No. 1002

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

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 Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days Specify whether
In this community 2 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Lancaster
(c) City or town Lincoln
(If outside city or town limits, write "RURAL")
(d) Street No. 806 Sumner
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country USA

3. (a) PRINT FULL NAME Victor John Shilhan

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

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

6. (b) Name of husband or wife Mrs. Sylvia Shilhan 6. (c) Age of husband or wife if alive not given years

7. Birth date of deceased May 12 1900
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 0 If less than one day
42 hr. min.

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

10. Usual occupation Lincoln, Nebr

11. Industry or business Transport Truck Driver

12. Name Victor Shilhan

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

14. Maiden name Anna Hurt

15. Birthplace St. Paul Nebr
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sylvia Shilhan

(b) Address 806 Sumner, Lincoln, Nebraska

17. (a) Removal (b) Date thereof Nov. 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln, Nebraska

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-13-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th
year 1941 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov 10 1941 to Nov 12 1941

that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia of left diaphragm

Due to Left lung collapse

Due to Pneumonia of spleen

Due to Antemortem hemorrhage

Other conditions 170 cc
(Include pregnancy within 3 months of death)

Major findings: Of operations 170 cc

Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in as follows:

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

(b) Date of occurrence 11/11/41 C54

(c) Where did injury occur? Highway
(City) (town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work Yes (Specify type of place) (e) Means of injury Callahan Truck and Motor Co

23. Signature W. Keew (M. D. or D. O.) 11/24/41

Address Keew Date signed 11/24/41

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 *Henry C. Burman*

Licensed Embalmer No. *2041*

P. O. Address *Kearney City, 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, fact should be so stated above.