

JAN 24 1941 377
Registration District No.

Primary Registration District No. 1005

Registrar's No. 4859

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 months 0 years, months or days) (Specify whether

3. (a) PRINT FULL NAME SHINKLE CHARLES

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased August 21, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 8 _____ hr. _____ min.

9. Birthplace Kansas City, Mo (City, town, or country) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Louis C. Shinkle
13. Birthplace Mo (City, town, or county) (State or foreign country)

14. Maiden name Betty Jean Shely
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Louis C. Shinkle
(b) Address 3007 E 19th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-41
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lane

18. (a) Signature of funeral director Mr. C. E. Porter

(b) Address 918 Brookline

19. (a) Dec. 29 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town 3007 E 19th (If outside city or town limits, write "RURAL")
(d) Street No. Kansas City, Missouri (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 41 hour 9 minute 45 AM.

21. I hereby certify that I attended the deceased from Dec 29 1941 to Dec 29 1941
that I last saw him alive on Dec 29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Pneumonia

Due to pregnancy

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____ Of operations _____

Of autopsy same

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) (e) Means of injury _____

23. Signature W. B. Rodenberg (M. D. or other)

Address 1316 Prof Bldg Date signed Dec 29 1941

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

48
8
3
8

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Daniel C. Browning

Licensed Embalmer No. 2724

P. O. Address. R. C. No

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.