

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 23 1942

Registration District No. 22

Primary Registration District No. 1000

Registrar's No. 971

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: Mo. Meth. Hosp
(d) Length of stay: In hospital or institution 6 hours
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(d) Street No. 2616 Delaware
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME John H. Shanklin

3. (b) If veteran, name war. No 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 Irma Shanklin 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 13 1891

8. AGE: Years 51 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Trenton Missouri

10. Usual occupation Policeman

11. Industry or business

12. Name Orville M. Shanklin

13. Birthplace Trenton Missouri

14. Maiden name Eudora Newton

15. Birthplace Edenburg Missouri

16. (a) Informant Mrs Irma Shanklin (b) Address St Joseph Missouri

17. (a) Burial (b) Date thereof Oct 15 42

(c) Place: burial or cremation Ashland
18. (a) Signature of funeral director Fleeman & Son Inc (b) Address St Joseph Missouri

19. (a) 10-15-42 (b) Rose Henry

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1942 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from 1934 that I last saw h. alive on 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Inebriation & Dump

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. C. Whitwell (M. D. or other) Address 824 Edmond Date signed 10/13/42

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

11
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

W. J. ...
824 ...

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 John H. Hurley
Licensed Embalmer No. 4050
P. O. Address St. Joseph 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.