FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34099
Do not use this space.

1. PLACE OF DEATH
(a) County JOHNSON — Registration District No. 166 — 51
(b) Township GROVER-R. — Primary Registration District No. 5603 — 0 — Registered No. 41
or
(c) City ..... (d) Street No. 1 ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 58 yrs. 58 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN WILL SHINKLE
(a) Residence, No. Knob Noster St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 4. 1880
7. AGE: YEARS 62 — MONTHS 7 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation ALL HIS LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JOHNSON COUNTY MISSOURI

FATHER
13. NAME CHARLES SHINKLE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STATE OF OHIO. U.S.A.

MOTHER
15. MAIDEN NAME NANCY SCYBERT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JOHNSON COUNTY MISSOURI

17. INFORMANT (ADDRESS) LOUIS BENTON KNOBNOSTER MO
18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEMETERY KNOBNOSTER DATE OCT 18 1942
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. S. JAMES CONCORDIA MO
20. FILED 10-17 1942 Mrs C E Foster Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT 16 1942
22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1942 to Oct 16, 1942
I last saw him alive on Oct 16, 1942 Death is said to have occurred on the date stated above, at 7 30 P.m.
The principal cause of death and related causes of importance were as follows:
(1) Chr Myocarditis — Date of onset
Other contributory causes of importance: —
93d
Name of operation no Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —
(Signed) [signature], M.D.
(Address) Knob Noster Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38 I X16605

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-7-42

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 E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.