

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

ED JUL 8 1943

1. PLACE OF DEATH
 County Jackson Registration District No. 149
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Major Clinic - 3100 Euclid Avenue St. 4 Ward)

2. FULL NAME Mr. Jesse Franklin Shinpaugh
 (a) Residence, No. 9001 Walnut Street St. --- Ward. ---
 (Usual place of abode)
 Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 5 days yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Mrs. Mary R. Shinpaugh 49
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 5 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Bellevue Hills Golf Club 11. Total time (years) spent in this occupation Club

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bryant Missouri

13. NAME William F. Shinpaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox County Tennessee

15. MAIDEN NAME Harriett T. J. Hicks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon County Georgia

17. INFORMANT Mrs. Gladys Hook
 (ADDRESS) 3240 Garner Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cemetery DATE June 23rd 1943

19. UNDERTAKER W. H. Newcomer's Sons
 (ADDRESS) 1401 Brush Creek Blvd.

20. FILED 6-22-43 1943 J. E. Burrows Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21st 1943

22. I HEREBY CERTIFY That I attended deceased from June 16th 1943, to June 21st 1943
 last saw him alive on: June 21st 1943 Death is said to have occurred on the day stated above, at 6:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis Date of onset 6/20/43
with embolism
83/5

Other contributory causes of importance:
Manic Depressive Psychosis
With cerebral arteriosclerosis 2 yrs

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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? and
 If so, specify.....
 (Signed) Hannon S. Major M. D.
 (Address) 3100 Euclid Ave
Kansas City Mo

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.

S. S. # 496-07-1821

MARGIN RESERVATION FOR BINDING

