

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34449

State File No. \_\_\_\_\_

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North Kansas City Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Trailer Camp #4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 1 year  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay <sup>24</sup>

(c) City or town North Kansas City Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. Trailer Camp RR #4  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SHIRLEY MARIE HANLIN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Oct - 6 - 1936  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>7</u>	<u>14</u>		hr. min.

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

10. Usual occupation School child

11. Industry or business \_\_\_\_\_

12. Name Shelby Hanlin

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

14. Maiden name Mildred Reynolds

15. Birthplace Decatur Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Shelby Hanlin

(b) Address North Kan city Mo

17. (a) Burial (b) Date there OCT 21 - 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarence Mo

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City Mo

19. (a) Oct 20 - 1943 (b) Ruth N. Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20  
year 1943 hour 3:45 minute am

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw \_\_\_\_\_ alive \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Total Obstruction of Cervix of Lower Uterus

Due to coronary artery disease

Due to coronary artery disease

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) Total Obstruction of Cervix of Lower Uterus

(b) Date of occurrence 10-20-1943 3:00 am

(c) Where did injury occur? North KC, Clay Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Trailer Camp  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R. W. Prather Coroner (M. D. or other) \_\_\_\_\_

Address Explosion Springs Mo Date signed 10-20-43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

1081

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-22-43

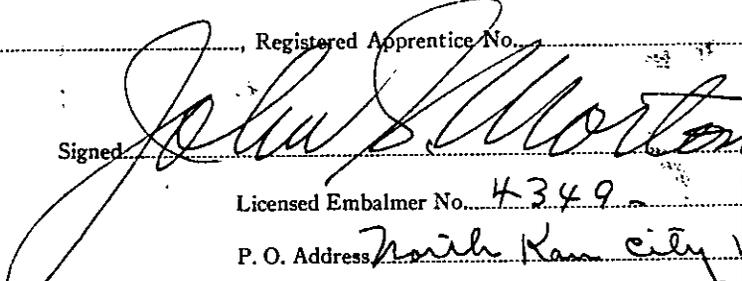
STATEMENT BY LICENSED EMBALMER

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

  
Licensed Embalmer No. 4349

P. O. Address North Kan City

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.