

FILED DEC 3 1943  
749  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution:  
1809 Myrtle  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day  
(Specify whether)

In this community 17 Years  
years, months or days

**3. (a) PRINT FULL NAME** Charles Elmer Shanabarger

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 Calista Shanabarger

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 2 4 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation Caretaker Mt. St. Marys Cemetery

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

MOTHER FATHER { 12. Name Lewis Shanabarger

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

14. Maiden name Catherine Slayback

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

16. (a) Informant Mrs. Calista Shanabarger

(b) Address 3805 East 18th. Terrace

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 11-12-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 11-10-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

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

(d) Street No. 3805 East 18th. St. Terrace  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 9th.  
year 1943 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 4 1943 to Nov. 7 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Orbital hemorrhage & High blood pressure

Due to \_\_\_\_\_

Due to 8:30

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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) (Means of injury)

23. Signature Henry G. ... (M.D. or other)  
Address 2418 Oakland St. ... Date signed Nov. 9, 43

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

Signed C. H. Wile .....

Licensed Embalmer No. 2570 .....

P. O. Address Kansas City 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.**