

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

FILED MAR 6 1944  
Registration District No. 1944

Primary Registration District No. 1002

Registrar's No. 886

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:  
Lake Side Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
30 years (Specify whether years, months or days)

In this community 30 years  
(years, months or days)

3. (a) PRINT FULL NAME Charles E. Shrake

3. (b) If veteran, name war no

3. (c) Social Security No. 496 05 79

4. Sex M 5. Color or race wh

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

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

7. Birth date of deceased: Aug 15th 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 6 7 hr. min.

9. Birthplace La Cygne Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. Industry or business

MOTHER FATHER { 12. Name Louis M. Shrake

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

14. Maiden name unknown

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

16. (a) Informant Mrs Frank R. Stewart

(b) Address Miami Okla

17. (a) Burial (b) Date thereof Feb 24 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Cygne Kansas

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

(b) Address 1800 Linwood Blvd

19. (a) 2-23-44 (b) M. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8  
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 Campbell  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22  
5 year 1944 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Feb. 13, 1944 to Feb. 24, 1944  
that I last saw him alive on Feb. 22, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis?

Due to Carcinoma of Lungs?

Due to

Other conditions Chronic myocarditis  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 46f

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? ✓  
(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 2-20

23. Signature K. J. Farned (M. D. or other) 2-20

Address 406 Wirthman Bldg Date signed 2-24

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

DR V.W. Harned Wirthman dg 406.  
LOI207

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

*Allen E. Heck*

Licensed Embalmer No.

4063

P. O. Address

1800 Leniwood Blvd

**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.**