

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 147 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3604 Highland
(d) Length of stay: In hospital or institution 10 years
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3604 Highland
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Mrs Charlotte Shick
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 12th
year 1945 hour 2 minute 30 A. M.

4. Sex Female
5. Color or race wh
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife unk
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 27th 1854

21. I hereby certify that I attended the deceased from Sep 23 1944 to JAN 28 1945
that I last saw her alive on JAN. 28 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months I Days 15
If less than one day hr. min.

Immediate cause of death CONGESTIVE HEART FAILURE 6mo.

9. Birthplace Pennsylvania
10. Usual occupation Home

Due to CORONARY ARTERIOSCLEROSIS

11. Industry or business
12. Name Ruben Wonderling
13. Birthplace Pennsylvania
14. Maiden name Unknown
15. Birthplace Unknown

Other conditions (Include pregnancy within 3 months of death) 94a

16. (a) Informant Mrs Nina S. Garwood
(b) Address 3604 Highland Ave
17. (a) Removal (b) Date thereof Feb 12th 1945

Major findings: Of operations
Of autopsy

(c) Place: burial or cremation Vicksburg Michigan
18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood Kansas City Mo.
19. (a) 2-12-45 (b) P. E. Brown

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Jesse D. Pring M.D.
Address 1103 Grand Ave. Date signed 2-12-45

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

MOTHER FATHER

Dr Jesse D. Rising
Prof Bg Vi9223
Res 327 South Van Brunt Be 6248 5

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 *Edw E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *1800 Linwood 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.