

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X38671

**FILED DEC 10 1945**

Registration District No. **360**

Primary Registration District No. **6224**

Registrar's No. **133**

**1. PLACE OF DEATH:**

(a) County Vernon *Inter*

(b) City or town North Nevada *Sup.*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
In Love - rural  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 2 1/2 yrs

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Vernon *108*

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

(d) Street No. North Nevada  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** John S. Shanker

3. (b) If veteran name war no

3. (c) Social Security No. no

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month 11 day 26  
year 45 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7-10, 1943, to 11-26, 1945

that I last saw him alive on 11-26-45 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mildred Shanker

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May 26, 1907  
(Month) (Day) (Year)

Immediate cause of death Chr. rheumatic heart

Due to disease c aortic

Due to regurgitation + stenosis

Other conditions + decompensation  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

**8. AGE:**

Years	Months	Days	If less than one day
<u>38</u>	<u>6</u>	<u>0</u>	hr. min.

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

10. Usual occupation Relief on account of

11. Industry or business Health

12. Name J. S. Shanker

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

14. Maiden name Maudie Gordon

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

16. (a) Informant Mrs. Mildred Shanker

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 11-29-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Mark Cichinger

(b) Address Nevada, Mo.

19. (a) Nov. 30-45 (b) Kathryn Janscy  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_

23. Signature R. Braxton Davis (M. D. or other)  
Address Nevada Date signed 11-29-45

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

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SEP 10 1945

11-4-45-1193  
12-10-45-

**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 *Mark E. King*

Licensed Embalmer No. *2656*

P. O. Address *Nevada, 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.**