

FILED JAN 15 1946

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 145

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Snapps Hotel 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
(Specify whether years, months or days) 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Webster 999
(c) City or town Moerland 13
(If outside city or town limits, write "RURAL") 0
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 2
If yes, name country.

3. (a) PRINT FULL NAME ELDON SHONKA

3. (b) If veteran, name war. no 3. (c) Social Security No. unknown

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

6. (b) Name of husband or wife Clavise Shonka 6. (c) Age of husband or wife if alive. 40 years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 42 Months unknown Days hr. min.

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

10. Usual occupation Manage Grain Elevator

11. Industry or business Grain

12. Name Jim Shonka

13. Birthplace Schuyler Neb. (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 Ernest Hayeka

(b) Address Moerland, Iowa

17. (a) Removal (b) Date thereof 12-7-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Schuyler Neb.

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs, Mo.

19. (a) 12/5/45 (b) Casimir Kuthing (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1945 hour 12 minute 10 p.m.

21. I hereby certify that I attended the deceased from 12-6-45 to 12-7, 1945

that I last saw him alive on 12-7-45 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Pulmonary Tuberculosis

Bilateral (extensive)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 12/7/45

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

(c) 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)

(c) Means of injury

23. Signature Casimir Kuthing (M. D. or other)

Address 116 South St. Date signed 12/7/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-14-46

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 _____

Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address _____

Epelusion Springs

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.