

FILED JAN 8 1946

Registration District No. 578 Primary Registration District No. 4552 Registrar's No. 166

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

1. PLACE OF DEATH:  
 (a) County Wright  
 (b) City or town Mountain Grove  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Ryan Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)  
 In this community 54 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Wright 114  
 (c) City or town Mountain Grove  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs Ada Shinkle  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow  
 6. (b) Name of husband or wife L. E. Shinkle 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 24 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>8</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace Wacon County Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation At home

11. Industry or business \_\_\_\_\_  
 12. Name Lewis E. Musick  
 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Margaret H. Lewis  
 15. Birthplace Montgomery Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Shinkle  
 (b) Address White Haven, Penn.  
 17. (a) Burial (b) Date thereof 12/7/1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hill-Crest Cemetery

18. (a) Signature of funeral director George Stapp  
 (b) Address Mountain Grove MO  
 19. (a) 12-3-46 (b) A. B. Ames  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 12 day 3  
 year 1945 hour 2 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from 12/1  
 \_\_\_\_\_, 1945, to 12/3, 1945  
 that I last saw her alive on 12/3 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral apoplexy  
 \_\_\_\_\_  
 \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy gmu

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?  
(Specify type of place)

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
 23. Signature R. A. Ryan (M. D. of other) \_\_\_\_\_  
 Address Mountain Grove MO Date signed 12-46

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

JUL 24 1945

JAN 25 1945

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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.....

.....; Registered Apprentice No.....  
working under my personal supervision.

Signed

*George Stahl*

Licensed Embalmer No. *3161*

P. O. Address

*Mt. Grove Md*

**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.**