

Registration District No. 252

Primary Registration District No. 5856

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Hopkins Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 7 yrs
years, months or days)

3. (a) PRINT FULL NAME ALBERT CLAUDE SHINABARGER

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

4. Sex Male

5. Color of race White

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

6. (b) Name of husband or wife Worothy Shinabarger

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Nov. 15 1902
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 16
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Joseph Shinabarger

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

14. Maiden name Ruth Oselle Selson

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

16. (a) Informant Mrs Joseph Shinabarger

(b) Address Balanced, Mo

17. (a) Burial (b) Date thereof June 5-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maryville, Mo

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins, Mo

19. (a) 6-6-46 (b) Geo. Heplum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway
(c) City or town Hopkins, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1946 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from not
attended 19____ to _____ 19____;
that I last saw him alive on not seen 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental death by car collision of passenger due to cars - public road dislocation neck

Due to _____
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none no operation

Of operations _____
Of autopsy none autopsy

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

(a) Accident, suicide, or homicide (specify) accident 74

(b) Date of occurrence June 1st 1946

(c) Where did injury occur? Country near Hopkins Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public country road
(Specify type of place)

While at work? _____ (Means of injury Car Collision)

23. Signature L E Dean (M. D. or other)

Address Maryville Mo Date signed 6-3-46

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

1989A

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(Licensed Embalmer's Statement on Reverse Side)

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.

myself

Signed..... *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address. *Hopkins, 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.