

Registration District No. 146 Primary Registration District No. 55368

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence Rural Blue
(c) Name of hospital or institution: 706 E. Albert
(d) Length of stay: In hospital or institution 26 years
In this community 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence Rural
(d) Street No. 706 E. Albert
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME MRS. OLA V. SHANK
(b) If veteran, name war
(c) Social Security No. 489-24-4176

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 9 year 1947 hour 4:30 minute P M.

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced, married /
6. (b) Name of husband or wife Weir W. Shank
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Jan. 22, 1902

21. I hereby certify that I attended the deceased from June 7 1947 to June 9 1947
that I last saw her alive on June 9 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 4 Days 17 If less than one day hr. min.

Immediate cause of death: Rheumatic heart disease & Congestive failure
Duration: 4 years 12 mos

9. Birthplace: Maple, Arkansas.
10. Usual occupation: housewife

Due to...
Due to...
Other conditions: (Include pregnancy within 3 months of death)

11. Industry or business
12. Name: James W. Riddle
13. Birthplace: Louisville, Ky
14. Maiden name: Fanny O. Moore
15. Birthplace: Colico Rock, Arkansas

PHYSICIAN
Major findings: Of operations
Of autopsy: 95 P
Underline the cause to which death should be charged statistically.

16. (a) Informant: Mr. W. W. Shank
(b) Address: Independence, Mo.
17. (a) (b) Date thereof: 6 12 47
(c) Place: burial or cremation: Oak Grove, Ark.

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?

18. (a) Signature of funeral director: Geo. C. Carson Funeral Home
(b) Address: Independence, Mo.
19. (a) 6-16-47 (b) Registrar's signature: [Signature]

23. Signature: W. H. [Signature] (M. D. or other) Mr. P.
Address: 401 1st Natl Bank Bldg date signed 6/11/47

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

48
00

MOTHER FATHER

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.....

William H. Schlanke Registered Apprentice No. *439*
working under my personal supervision.

Signed *R. A. Lisle*.....

Licensed Embalmer No. *4123*.....

P. O. Address *Independence, 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.