No. 2
-1/47
6-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24374 2949

Registrar's No.

1. PLACE OF DEATH:

(a) County: JACKSON

(b) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NORTHEAST HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 MONTHS (Specify whether years, months or days)

In this community: 5 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON

(c) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No.: 3226 GARNER
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: MISS MARY ELLEN SHINPAUGH

3. (b) If veteran, name war: NO

3. (c) Social Security No.: 523-01-7049

4. Sex: FEMALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife: - - - - -

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

7. Birth date of deceased: NOVEMBER (Month) 4 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	8	6	hr. min.

9. Birthplace: DOUGLAS COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: BOOK KEEPER

11. Industry or business: —

FATHER

12. Name: WILLIAM FRANKLIN SHINPAUGH

13. Birthplace: KNOX COUNTY (City, town, or county) TENNESSEE (State or foreign country)

MOTHER

14. Maiden name: HARRIET HICKS

15. Birthplace: UNKNOWN (City, town, or county) GEORGIA (State or foreign country)

16. (a) Informant: Mrs Bessie E. Gates

(b) Address: Springfield, Missouri

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: JULY-11-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: MANSFIELD, MISSOURI

18. (a) Signature of funeral director: O. H. Newcomer Sons

(b) Address: 1401-BRUSH CREEK BLVD.

19. (a) 7-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 10th year: 1947 hour: 10 minute: 20 A.M.

21. I hereby certify that I attended the deceased from March 15, 1947 to July 10, 1947 that I last saw her alive on July 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Respiratory failure	
Due to: Toxicity	
Due to: Carcinoma of uterus Pathological	23 months
Other conditions (Include pregnancy within 3 months of death): fracture of right hip	

Major findings:
Of operations:
Of autopsy: 48 h

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? (e) Means of injury: 5

23. Signature: C. T. Edwards (M. D. or other) D.O.

Address: 2603 Indep. Blvd. Date signed: 7-10-47

Kansas City, Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Bernard L. Doran.....

Licensed Embalmer No.....4250.....

P. O. Address.....St. Louis 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.