S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

34670

State File No. .....

FILED NOV 4 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4414

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

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: 3849 E 62ND STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether
In this community 42 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3849 E 62ND STREET 8
(If rural, give location)

(e) Citizen of foreign country? 141 (Yes or No) 0

If yes, name country --

3. (a) PRINT FULL NAME ALBERT, ELWOOD, SHIRLING

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. ETHEL, PARKER SHIRLING

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased MARCH (Month) 25 (Day) 1875 (Year)

8. AGE: Years 72 Months 6 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace SUNMAN (City, town, or county) INDIANA (State or foreign country) 1

10. Usual occupation TEACHER

11. Industry or business NATIONAL COLLEGE FOR CHRISTIAN WORKERS

FATHER
12. Name HENRY F. SCHORLING
13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country) 4

MOTHER
14. Maiden name MARGARET E. WREDE
15. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country) 4

16. (a) Informant MRS. ETHEL P. SHIRLING

(b) Address 3849 E 62 STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-22-47 (Month) (Day) (Year)

(c) Place: burial or cremation PLEASANT HILL, MO.

18. (a) Signature of funeral director D. W. Newcomers Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 10-21-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 18TH year 1947 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Pathologist, 19....; that I last saw him alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation

Due to Healing Myocardial Infarction

Due to Coronary Arteriosclerosis with occlusion

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations

Of autopsy above 930

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 0

23. Signature Jack H. Hill (M. D. or other) MD

Address Trinity Luth. Hosp. Date signed 20 Oct 47

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 Jesse T. Davis

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.