

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

36873

FILED DEC 14 1948

Registration District No. 147

Primary Registration District No. 1002

Registrar's No.

4916

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 RESEARCH HOSPITAL 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 MONTH
 (Specify whether years, months or days)
 In this community 55 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. 3229 EAST 28TH STREET
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ---

3. (a) PRINT FULL NAME Mr. Robert G. Shryock (Shryock)

3. (b) If veteran, name war WORLD WAR I 3. (c) Social Security No. 486-05-4557

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MRS. MARJORIE SHRYOCK 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased SEPTEMBER 12 1892
 (Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 17 If less than one day hr. min.

9. Birthplace ARKANSAS CITY, KANSAS
 (City, town, or county) (State or foreign country)

10. Usual occupation MANAGER - CLASSIFIED ADVERTISING

11. Industry or business THE KANSAS CITY STAR

12. Name H. IRA SHRYOCK I

13. Birthplace CANTON, ILLINOIS
 (City, town, or county) (State or foreign country)

14. Maiden name EFFIE E. ROCKHOLD

15. Birthplace CANTON, ILLINOIS
 (City, town, or county) (State or foreign country)

16. (a) Informant MRS. MARJORIE SHRYOCK

(b) Address 3229 EAST 28TH STREET

17. (a) BURIAL (b) Date thereof DEC-1-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 12-1-48 (b) Thereldine Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29TH
 year 1948 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct. 14, 1948, to Nov. 29, 1948
 that I last saw him alive on Nov. 28, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 6 wks.
 Due to Coronary Thrombosis "

Due to Pulmonary Infarction
 Other conditions Compensatory Heart Failure
 (Include pregnancy, if any)

Major findings: Of operations 940
 Of autopsy Same

PHYSICIAN
 Underline the cause to 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?

I. C. Layton (Specify type of place) _____
 While at work? _____ (b) Means of injury _____
 23. Signature I. C. Layton (M. D. or other) M.D.
 Address 934 A-8176 Bldg. Date signed 12-29-48

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

MOTHER, FATHER

JAN 13 1949

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..... *Edmond M. Storey*.....
Licensed Embalmer No. *4452*.....
P. O. Address..... *K. C. 4 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.