

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9633
 Do not use this space.

1. PLACE OF DEATH 953 APR 23 1938
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1098
 (c) City K. C. Mo. (d) Street No. 2013 Penn Str. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Howard Victor Shinn, 500
 (a) Residence, No. 2013 Penn, Str., City. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Shinn.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5th, 1889
 7. AGE. YEARS 49 MONTHS 2 DAYS 4 If LESS than 1 day,hrs. ormin.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Miner
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Salina
 (STATE OR COUNTRY) Kansas.

FATHER
 13. NAME George R. Shinn,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Anna Saint
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Laura Shinn,
 (ADDRESS) 2013 Penn Str., K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Green Lawn DATE Mch. 12th, 1938

19. FUNERAL DIRECTOR Mrs. C. L. Forster,
 (ADDRESS) Kansas City, Missouri.

20. FILED Mch 10 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9th, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938, to Mar 9, 1938.
 I last saw him alive on Mar 9, 1938. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:
Pulmonary haemorrhage
23
 Date of onset 3/9 -

Other contributory causes of importance:
Tuberculosis of lungs
1/4

Name of operation Date of
 What test confirmed diagnosis? Labs. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) C. W. Cunnell, M. D.
 (Address) 708 W 17th St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Counsell.
708 N. 17th

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. _____

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.)