

RECORDED JUN 8 1939

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

17832  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Raw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. St. Lukes Hospital Registered No. 2234 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

Wm Charles Shinguin  
 (a) Residence, No. 4935 Kansas Johnston of MO 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 Fannie C Shinguin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1882-3-22

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 2 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Station Engineer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 1/2 Day 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trigo, Cong  
Kansas

FATHER 13. NAME Charles Edgar Shinguin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello  
Missouri

MOTHER 15. MAIDEN NAME Josephine Galtam

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Balting  
Maryland

17. INFORMANT (ADDRESS) Fannie C Shinguin  
4935 Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope DATE 5-21- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Daniel Brown  
1536-3 8th Street

20. FILED May 30 1939 M. M. Brown  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27-39 1939

22. I HEREBY CERTIFY That I attended deceased from 10:35 1939 to 11:00 1939  
 I last saw him at home 1939. Death is said to have occurred on the date stated above, at 10:35 m.  
 The principal cause of death and related causes of importance were as follows:

Int. 3rd Degree Burn, Face & Trunk  
16!

Other contributory causes of importance:

Name of operation Autopsy Date of 5-23-39  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 5-23-39  
 Where did injury occur? Home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Red meat splatter  
 Nature of injury Burn 2 face & trunk

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify (Signed) Daniel Brown, M. D.  
 (Address) 1536-3 8th Street

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

**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

*Esther Daniels Parish*

Licensed Embalmer No. *2291*

P. O. Address *744 Henderson, N. C. Lenoir*

**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, above space should be left blank.**