

1939 SEP 6 1939

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

28294  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 300  
 (b) Township Kaw Primary Registration District No. 3002  
 (c) City Kans City (d) Street No. St. Joseph Hospital Registered No. 3296  
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 160 Valley Division Shuffer St. Orchard Mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Se 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 Harry Shuffer  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29 1897  
 7. AGE YEARS 41 MONTHS 7 1/2 DAYS 22 If LESS than 1 day, ..... hrs. or ..... min.  
 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. Housewife  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo

FATHER 13. NAME W. E. Pangborn,  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Birdie Mae Johnson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.

17. INFORMANT (ADDRESS) Harry Shuffer  
Orchard, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington DATE Aug 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Winkley Funeral Co.  
Lexington Mo.

20. FILED Aug 21 1939 M. W. Crowe, clerk  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21<sup>st</sup> 1939

I HEREBY CERTIFY, That I attended deceased from Aug. 7<sup>th</sup> 1939 to Aug. 21<sup>st</sup> 1939  
 I last saw him alive on Aug. 21<sup>st</sup> 1939 Death is said to have occurred on the date stated above, at 11:10 p.m.  
 The principal cause of death and related causes of importance were as follows:

Infected Thrombosis of Common Iliac vein due to:  
Infected Endometrium & Uterus - Inoperable  
Delivered about 6 wks before death  
 Other contributory causes of importance: 1450  
Abscess of Spleen  
Abscess of Kidney  
Abscess of Myocardium

Date of onset 9/8/39

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? No.  
 If so, specify \_\_\_\_\_  
 (Signed) R. W. Ross, M. D.  
 (Address) St. Joseph Hosp. R. C. Mo.

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**