

FILED SEP 16 1940  
398

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 210

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town (Rural) Bluetownship  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 842 Oxford Ave. K. C. Mo. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether In this community, 3 years, months or days)

8. (a) PRINT FULL NAME Charles E. Shofner 156

3. (b) If veteran, name war No 3. (c) Social Security No. 702-18-3420

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ora Shofner 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased 8 27 1898  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>11</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace St. Joseph Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman Baggage Dept Union Bus Terminal

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John H. Shofner

13. Birthplace St. Joseph Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Adams

16. Birthplace Gentry County Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ora May Shofner

(b) Address 842 Oxford K. C. Mo. (Fairmount Sta.)

17. (a) Burial (b) Date thereof 8-22-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Hutshub

(b) Address 815 W. Maple Ave. Independence, Mo.

19. (a) Aug 24-40 (b) H. L. Cook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 842 Oxford Kansas City, Fairmount Sta.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 18 year 1940 hour \_\_\_\_\_ minute 7 A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_; that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Thrombosis  
Chronic Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 44

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy at

Duration \_\_\_\_\_

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? 360

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

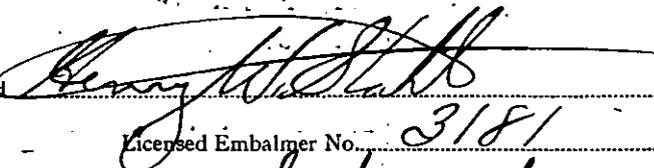
23. Signature Russell W. Lewis (M. D. or other) 5

Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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. 3181

P. O. Address Independence

**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.**