

FILED OCT 18 1940

Registration District No. 1061

Primary Registration District No. 5385

Registrar's No. 53

1. PLACE OF DEATH:

(a) County DOUGLAS  
(b) City or town MILLET TWP.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community 60 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nestey Ann Shinpaugh

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife George Shinpaugh 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAY 24 1856  
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Louden Co TENN.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name WILLIAM ENGLAND

13. Birthplace Louden Co TENN.  
(City, town, or county) (State or foreign country)

14. Maiden name MARY PETERS

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

16. (a) Informant Elmer Shinpaugh

(b) Address Wichita Kansas

17. (a) Burial (b) Date thereof APR 27 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PRALIN Hollow Cem.

18. (a) Signature of funeral director J. A. Stoffe

(b) Address Manfield Mo.

19. (a) 9-10 1940 (b) Peberking White  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town MANFIELD RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25  
year 1940 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 1 1940, to Apr 25 1940  
that I last saw him alive on Oct 22 1939 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Old age and general debility

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

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

23. Signature J. A. Stoffe (M. D. or other) 1  
Address Manfield Date signed 9/26/40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1040-2643

Date Filed OCT-2-1940

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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 F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Manfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.