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JAN 25 1941

Registration District No. **156**

Primary Registration District No. **5220**

Registrar's No. **64**

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **Rural Peculiar**
(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 _____
In this community **61 years in Cass Co.** (Specify whether years, months or days)

3. (a) PRINCE FULL NAME **Elijah Bowers Shingleton**
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **W.**

6. (b) Name of husband or wife **Deceased** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb 4 1854**
(Month) (Day) (Year)

8. AGE: Years **86** Months **10** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **Rummely, W. Va.**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired farmer**

11. Industry or business _____

12. Name **unknown**

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

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

16. (a) Informant **Edward Shingleton**

(b) Address **R.F.D. 1 - Pleasant Hill**

17. (a) **Burial** (b) Date there **Jan 1 - 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sharon Cem.**

18. (a) Signature of funeral director **Edwin D. Harrison**

(b) Address **Harrisonville Mo**

19. (a) **12/31/40** (b) **E. D. Harrison M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **6 miles N. of Harrisonville**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **30** year **1940** hour **3:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 12** to **Dec 30** 1940 that I last saw him alive on **Dec 12** 1940 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis with Uremic Poisoning**

Due to **Senility**

Other conditions (include pregnancy within 3 months of death) **171**

Major findings: Of operations _____ Of autopsy _____

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? **845**
While at work? _____ (Specify type of place) (Means of injury)

23. Signature **J. A. Seal** (M. D. or other) _____
Address **Harrisonville Mo** Date signed **Jan 9 1941**

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

1940

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 *John W. Anderson*

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville Mo*

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.