

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 392

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5836 East 12th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸
(c) City or town Kansas City ³
(If outside city or town limits, write "RURAL") ⁸
(d) Street No. 5836 East 12th Street
(If rural, give location) ⁰
(e) If foreign born, how long in U. S. A. ? - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th
year 1941 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from Jan 20
1941, to Jan 24, 1941;
that I last saw her alive on Jan 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration
4 days

Due to High blood pressure

Due to Chronic Nephritis

Other conditions left side of heart leakage
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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? _____

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

23. Signature Arthur L. Pickrell (M. D. or other) MD
Address 6423 East 15th Date signed 1-24-41

3. (a) PRINT FULL NAME Mrs. Emma Emily Shanks

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

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

6. (b) Name of husband or wife Mr. George W. Shanks 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased October 26 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>29</u>	<u>hr. min.</u>

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

10. Usual occupation At Home

11. Industry or business -

12. Name John Will

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

14. Maiden name Theresa Bollin

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

16. (a) Informant Mrs. Wardie Summers

(b) Address 5836 East 12th Street

17. (a) Burial (b) Date thereof Jan 27, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Memorial Park Cemetery

18. (a) Signature of funeral director O. W. Newsome, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Jan 27 1941 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

6433 6001 13 in 10017
10-6

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.....

C. Harvey P. ...

Licensed Embalmer No. *4070*

P. O. Address *X C 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, fact should be so stated above.