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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31709

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 279

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence Cit
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 10913 East 15th.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME HENRY A SHINKLE
3. (b) If veteran, name war None
3. (c) Social Security No. 490-09-0754
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fae Shinkle
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Dec. 31 - 1909 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
31	9	19	..... hr. ..... min.

9. Birthplace Lees Summit Mo (City, town, or county) (State or foreign country)
10. Usual occupation Grain Elevator.
11. Industry or business Salina Terminal
FATHER
12. Name Albert A. Shinkle
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Effie Volland
15. Birthplace unknown, Mo (City, town, or county) (State or foreign country)
16. (a) Informant Fae Shinkle
(b) Address 10913 East 15th.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22-41 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem
18. (a) Signature of funeral director George C. Carson
(b) Address Independence Mo
19. (a) Oct. 22-41 (Date received local registrar) (b) F. L. Cook MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day Oct. year 1941 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 30 - 1941, to October 20, 1941 that I last saw him alive on October 20, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Massive Pulmonary Infarct	10 days
Due to No apparent cause	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation Acute appendicitis Operated - appendectomy Sept 30 1941 Of autopsy Massive Pulmonary Infarct

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C H Allen (M. D. or other) MD
Address Independence Mo Date signed Oct 21-41

(Licensed Embalmer's Statement on Reverse Side)

NOV 6 1941

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 Dean Owens, Registered Apprentice No. 283 working under my personal supervision.

Signed Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence

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

If this body is not embalmed, fact should be so stated above.