

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5874

FILED MAR 13 1946

State File No.

Registrar's No. 959

Registration District No. 149

Primary Registration District No. 1002

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community as above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Burlington, Kansas,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25
year 1946 hour 5:15 minute A. M.
21. I hereby certify that I attended the deceased from July
1945 to Feb. 25, 19 46
that I last saw h^{er} alive on Feb. 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the
left lung, bronchogenic
in order. Duration 3 months

Due to _____
Due to _____

Other conditions Localized empyema 15 days
(Include pregnancy within 3 months of death)

Major findings: 47C
Of operations _____
Of autopsy Confirmed above
diagnosis. 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?

While at work _____ (Specify type of place)
(e) Means of injury md
23. Signature [Signature] (M. D. or other) _____
Address KC mo Date signed 2-25-46

3. (a) PRINT FULL NAME Mrs. Katherine Louise Shinn

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, married

6. (b) Name of husband or wife Edwin Shinn 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 21897
(Month) (Day) (Year)

8. AGE: Years 48 Months 7 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

12. Name Ernest Sprenger

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

14. Maiden name Caroline Blanch

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

16. (a) Informant Edwin Shinn

(b) Address Burlington, Kansas,

17. (a) removal (b) Date thereof 2-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burlington, Kansas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-25-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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

OCT 31 1946

Walterheim, D.D.S.

1946 NOV 1

1946

1908

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 *Stallen*

Licensed Embalmer No. *1415*

P. O. Address *W. C. 1700*

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.