

S. No. 2  
1-12-45  
5-17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 21 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33921**  
Registrar's No. **168**

Registration District No. **39**

Primary Registration District No. **5224**

1. PLACE OF DEATH:

(a) County **Cass**  
(b) City or town **Rural - Mt. PLEASANT**  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **15 yrs.** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cass** **19**  
(c) City or town **Belton (RURAL)** **0**  
(d) Street No. **Rt 1** (If outside city or town limits, write "RURAL") **0**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JOHN WILLIAM SHINDLER.**

3. (b) If veteran, name war **no**  
3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Margaret**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Sept 14 1860**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>87</b>	<b>0</b>	<b>24</b>	hr. _____ min. _____

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

10. Usual occupation **Carman**

11. Industry or business **Rock Island Railroad**

MOTHER FATHER

12. Name **Shindler J**

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

14. Maiden name **Unknown**

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

16. (a) Informant **J. R. Shindler**  
(b) Address **Rt Belton Mo.**

17. (a) **Removal** (b) Date thereof **10/8/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Hope Kans City Kans.**

18. (a) Signature of funeral director **Calo's Bros.**  
(b) Address **1416 Main Ave.**

19. (a) **Oct. 13 - 1947** (b) **Raura J. Jones**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **8TH**,  
year **1947** hour **4** minute **10 P** M.

21. I hereby certify that I attended the deceased from **NOT**  
**ATTENDED**, 19\_\_\_\_, to 19\_\_\_\_;  
that I last saw him alive on **DEAD ON ARRIVAL.**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **MYOCARDITIS, CHRONIC** Duration **Unknown**

Due to **CARCINOMA OF RECTUM** **1 YEAR**

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

Other conditions **NONE KNOWN**  
(Include pregnancy within 3 months of death)

Major findings: **NONE** **HOP** **PHYSICIAN**  
Of operations \_\_\_\_\_

Of autopsy **NONE**

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 **0**

23. Signature **Herbert A. Tracy** (M. D. or other) **M.D.**

Address **BELTON, Mo.** Date signed **10/8/47**

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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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kans City, Kans

**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.**