FILED FEB 26 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11441

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 426

1. PLACE OF DEATH:

(a) County Jackson 2

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5647 Rockhill Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 5647 Rockhill Road
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Elmer E. Shannon 550

3. (b) If veteran, name war no

3. (c) Social Security No. 486-09-8422

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henrietta M. Shannon

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Sept. 1, 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	4	26	hr. min.

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

10. Usual occupation President, Wardrobe

11. Industry or business Cleaners & Dyers. Inc.

FATHER
12. Name Benjamin R. Shannon
13. Birthplace _____ (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Malinda Jane Cody
15. Birthplace _____ (City, town, or county) Illinois (State or foreign country)

16. (a) Informant's own signature Henrietta M. Shannon
(b) Address 5647 Rockhill Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) Jan. 29, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27 year 1940 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from January 24, 1940 to January 27, 1940; that I last saw him alive on January 27, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Left ventricular heart failure 95	1 day
Due to: Hypertensive heart disease	2 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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) no
(b) Date of occurrence none
(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 Graham Asher (M. D. or other) M.D.
Address 1220 Prof. Bldg. Date signed 1-29-40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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.....

Licensed Embalmer No.....

P. O. Address.....

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.