

No. 2
-10-39
17-39
X-10-39

MAY 15 1940

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1580

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:
31 West 52nd Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 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. 31 West 52nd Street
(If rural, give location)

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

3. (a) PRINT FULL NAME DAVID J SHEA

(b) If veteran, name war World War

(c) Social Security No. 487-09-3537

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10
year 1940 hour 7 minute _____ M.

21. I hereby certify that I attended the deceased from 3-26
1935 to 4-10, 1940
that I last saw him alive on 4-9, 1940
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Frances D. Shea

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased December 22, 1891
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Duration Sudden

Due to 948

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: heart

Of operations _____

Of autopsy heart

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

48	3	18	hr. min.
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9. Birthplace Summit, New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation Gen. Auditor-Mid-Western

11. Industry or business Group Cities Service Co.

MOTHER, FATHER {

12. Name William Shea

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

14. Maiden name Mary Dolan

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

16. (a) Informant Mrs. Frances D. Shea

(b) Address 31 West 52

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 4/13/40
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quirk & Dalin

(b) Address Kansas City, Mo.

19. (a) April 12, 1940
(Date received local registrar)

(b) _____
(Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 Prof. Edg. Kew

Address _____ Date signed 4/17/40

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

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.....

Harold Remy

Licensed Embalmer No. *4097*

P. O. Address *K.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, above space should be left blank.