

NOV 12 1940

1002

4141

Registration District No.

Primary Registration District No.

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:
1875 East 76 Street Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

In this community 60 Years

3. (a) PRINT FULL NAME Mrs. Adriana May Shanahan

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. J. Willard Shanahan 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased December 10 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Newburg New York
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher of Mathematics

11. Industry or business Retired

MOTHER FATHER { 12. Name of H.C. Liensner

18. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Adriana Colvill

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

16. (b) Informant W. Shanahan

(b) Address 1875 E-76th St Terrace

17. (a) Burial (b) Date thereof Oct 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Newcomer
(b) Address 1401 Brush Creek Blvd.

19. (a) 10-29-40 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

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 1875 East 76 street Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1940 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct. 24, 1940, to Oct. 26, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Thrombosis
Myocardial Degeneration
Due to arteriosclerosis
mitral insufficiency

Due to _____
Other conditions (include pregnancy within 3 months of death) 92 a

Major findings: Of operations _____
Of autopsy _____

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 _____
23. Signature Leo Jones (M. D. or other) 10/26/40
Address 80th & Pikes Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.