

No. 2
-13-40
-17-39
X23159

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 4312 East 25th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 52 years
(Specify whether years, months or days)

In this community 52 years

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. 4312 East 25th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Nelson Shurden

3. (b) If veteran, name war XX

3. (c) Social Security No. NO

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Mrs. M. Elizabeth Shurden

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased April 10 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>7</u>	<u>9</u>	hr. min.

9. Birthplace Newburgh N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Employee

11. Industry or business John Taylor D. G. Co.

12. Name Fred Shurden

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

14. Maiden name Sarah F. Dodge
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. M. Elizabeth Shurden

(b) Address 4312 E. 25th St.

17. (a) Burial (b) Date thereof Nov 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. KCK

18. (a) Signature of funeral director W. Wagner

(b) Address Kansas City, Mo.

19. (a) 11-20-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th
year 1940 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov 12/40 to Nov 19 4.0, to Nov 19 1940;
that I last saw him alive on Nov 19 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Atherosclerosis | 31

Other condition Coronary Hypertrophy - Nephritis
(Include pregnancy within 3 months of death)

Chronic Interstitial

Major findings: None

Of operations None

Of autopsy None done

Duration 8da

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 1

23. Signature P. J. Egan (M. D. or other)
Address 4800 E. 24th Date signed 11/20/40

4800 E. 24th
BF 5949

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.....

A. R. Haunschild

Licensed Embalmer No.....

4159

P. O. Address.....

Kansas City

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.