

**FILED NOV 13 1941**

Registration District No. **397**

Primary Registration District No. **1002**

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: **St. Joseph Hospt.**  
(If not in hospital or institution, write street number or location) **5 Hrs.**  
(d) Length of stay: In hospital or institution **5 Hrs.** **0** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Louisiana** (b) County **999**  
(c) City or town **Thibodaux** **16**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct 23** day **1941**  
year \_\_\_\_\_ hour **8:15** minute **0** M.

21. I hereby certify that I attended the deceased from **Oct 23 4/1 to Oct 23 1941**  
that I last saw him alive on **Oct 23 1941**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary embolus.** Duration **?**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: **94.2**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature **Wm. Jackson M.D.** (M. D. or other)  
Address **1107 Bryant** Date **Dec 10**

3. (a) PRINT FULL NAME

**Chas. P. Shaver**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **Male 0** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Leona Shaver** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **Sept. 26 1862**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **0** Days **27** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Clinton Co. Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nursery**

11. Industry or business

12. Name **Barman Shaver**

13. Birthplace **Vir. 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Susan Trout**

15. Birthplace **Vir. 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Leona Shaver**

(b) Address **Thibodaux Louisiana**

17. (a) **Removal** (b) Date thereof **10-25-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Thibodaux Louisiana**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **1800 Linwood K.C. Mo.**

19. (a) **10/24/41** (b) **M. M. Crow**  
(Date received local registrar) (Registrar's signature)

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

838

**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..... *Chas Wells*  
.....  
Licensed Embalmer No. *2644*  
P. O. Address *1800 Pinewood*

**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.**