

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

State File No. _____

Registrar's No. 4172

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Leeds J. B. Hospital
(d) Length of stay: In hospital or institution 42 Days
In this community 15 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4118 Holmes Street
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th
year 1941 hour one minute 35 A.M.
21. I hereby certify that I attended the deceased from Sept. 26
1941 to November 8, 1941;
that I last saw him alive on November 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Star advanced
bilateral pulmonary tuberculosis
low in with cavitation

Duration

Due to _____
Due to 12 B
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

3. (a) PRINT FULL NAME Shuck, Fred W.

3. (b) If veteran, name war No 3. (c) Social Security No. 487-10-0086

4. Sex M 5. Color or race amee 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Shuck, Irene 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Jan. 20 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 18
If less than one day _____ hr. _____ min.

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

10. Usual occupation Brick layer

11. Industry or business Morris Hoffman

12. Name Shuck, James

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

14. Maiden name Shuck, Virginia

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

16. (a) Informant Mrs Fred W Shuck

(b) Address 4118 Holmes Street

17. (a) Burial (b) Date thereof Nov. 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director O. W. Newcomer, Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 11-10-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature O. C. Dyer (M. D. or other) _____
Address 4076 N. 1st St. St. Louis Date signed _____

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

Mc

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. E. 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, fact should be so stated above.