

FILED MAR 9 1942

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 545

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: General Hospital No. 20  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1-23-42-1-25-42  
(Specify whether  
In this community 25 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1102 Highland 5  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Dealer Melvina Shelby

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

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

6. (b) Name of husband or wife James Shelby 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased November 19, 1916  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
25 2 6 br. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name William Walker  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Virginia Jacobs  
15. Birthplace C No.  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 2/12/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Luke's

18. (a) Signature of funeral director Starkinsboro  
(b) Address 1729 Lydia

19. (a) 2-7-42 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25  
year 1942 hour 5 minute 00 a.m.

21. I hereby certify that I attended the deceased from January 23, 1942 to January 25, 1942, that I last saw her alive on January 25, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Incomplete Abortion (Spontaneous)

Due to 1410  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

Duration  
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) Means of injury

23. Signature J. O. Brown (M. D. or other)  
Address Gen. Hospital-600 E. 22 Date signed 1-27-42

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.....  
.....  
Licensed Embalmer No. 3992  
P. O. Address 2513 Highland

**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.**