No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5626

Registrar's No. 498

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 township)

(c) Name of hospital or institution: St. Luke's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 Days (Specify whether years, months or days)

In this community: 10 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Johnson 999

(c) City or town: Mission 14 (If outside city or town limits, write "RURAL")

(d) Street No. 5911 Delmar (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ---

3. (a) PRINT FULL NAME: Mr. Jacob Orlan Shultz

3. (b) If veteran, name war: No

3. (c) Social Security No. 487-09-3816

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Louise Warbington Shultz

6. (c) Age of husband or wife if alive: 31 years

7. Birth date of deceased: February (Month) 24 (Day) 1912 (Year)

8. AGE: Years 29 Months 11 Days 8 If less than one day ___ hr. ___ min.

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

10. Usual occupation: Shipping Clerk

11. Industry or business: General Motors

FATHER
12. Name: Sherman E. Shultz
13. Birthplace: Milan (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Effie Huffman
15. Birthplace: Lincoln (City, town, or county) Nebraska (State or foreign country)

16. (a) Informant: Mrs. J. O. Shultz
(b) Address: 5911 Delmar Mission Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 4, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cemetery

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

19. (a) 2/4/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd year 1942 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 31, 1942 to Feb. 2, 1942 and that I last saw alive on Feb. 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tumor of Brain	10 wks.
Due to: Malignant Glioma	
Due to: 54B	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: ~~Tumor of Brain~~

Of autopsy: Tumor of Brain

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: H. P. Baughman M.D. (M. D. or other)
Address: 1102 Grand, K.C. Mo. Date signed: 2/3/42

(Licensed Embalmer's Statement on Reverse Side)

1116 Prospect Ave
1:30-4

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, fact should be so stated above.