

S. No. 2
M-9-4-41
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P. 1-X29484

17165

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 18 1942

Registration District No. 99

Primary Registration District No. 1002

Registrar's No. 2257

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:
4918 Chestnut Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 56 Years
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. 4918 Chestnut Avenue
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Ida May Shaw
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 7th
year 1942 hour 7 minute 45 A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Mr. James E. Shaw
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 12 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15 1942 to June 17 1942
that I last saw him alive on June 6 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 4 25
26 hr. min.

Immediate cause of death Cerebral Hemorrhage or Embolism
Due to Ch. Myocarditis
Due to _____
Other conditions red 93D
(Include pregnancy within 3 months of death)

9. Birthplace Detroit Michigan
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business B

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy none
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name George Gripman
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Shaw
(b) Address 4918 Chestnut
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1942
(Month) (Day) (Year)

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?

(c) Place: burial of cremation Mt. Washington Cemetery
18. (a) Signature of funeral director O. H. Newcomer's Son
(b) Address 1401 Brush Creek Blvd
19. (a) 6-9-42 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. G. Dunning (M. D. or other)
Address 503 Whittman Bldg Date signed 6-8-42

3032 Ashman Bldg.
12:30.5

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.