No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29861

Registration District No. 42 | Primary Registration District No. 1800 | Registrar's No. 911

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

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1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr (Specify whether
In this community 1 hr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. St. Joseph's Hosp. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edna Florine Shane
3. (b) If veteran, name war New born
3. (c) Social Security No.
4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 9 (Month) - 23 (Day) - 42 (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. min.

9. Birthplace St. Joseph (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Herbert Milton Shane
13. Birthplace Nashville (City, town, or county) Tenn 1 (State or foreign country)
MOTHER
14. Maiden name Harriet Narcissus Carter
15. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Herbert Shane
(b) Address 32 Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 24 (Day) 42 (Year)
(c) Place: burial or cremation Ashland C
18. (a) Signature of funeral director Graves
(b) Address 806 Sur 17th St
19. (a) 9-24-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23 year hour 12 minute 40 A.M.
21. I hereby certify that I attended the deceased from Sept. 23, 1942, to Sept. 23, 1942 that I last saw her alive on 9-23-, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxia of Newborn	1 hr
Due to Unknown	
Due to Unknown	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy Enlarged Liver & Spleen	

16 a

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 Cabray Wortley (M. D. ~~or other~~) M. D.
Address St. Joseph, Mo. Date signed 9-23-42

1233 (Licensed Embalmer's Statement on Reverse Side)

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 Grace F. Hume

Licensed Embalmer No.....

P. O. Address 806 So 17th St

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.