

FILED DEC 7 1942

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4370

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Mo. Mo

(c) Name of hospital or institution Lakeside Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Rantoul Kansas
(If outside city or town limits, write "RURAL") Route 14

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

(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lester Shrewes

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
year 1942 hour 2:00 minute - a. M.

21. I hereby certify that I attended the deceased from Nov. 21
1942, to Nov. 25 1942
that I last saw him alive on Nov. 24, 1942
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Nancy Shrewes

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 10-18-69
(Month) (Day) (Year)

Immediate cause of death General sepsis

Due to Carcinoma of the prostate

Due to Carcinoma of the prostate

Other conditions 51B
(Include pregnancy within 3 months of death)

8. AGE: Years 73 Months 2 Days 15
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business retired

MOTHER FATHER

12. Name Lester W. Shrewes

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

14. Maiden name Roberts

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

16. (a) Informant Mrs Nancy Shrewes

(b) Address Rantoul Kans.

17. (a) Removal (b) Date thereof 11-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa Kans.

18. (a) Signature of funeral director Stue McClure

(b) Address Kansas City, Mo.

19. (a) 11-25-42 (b) M. H. Boone
(Date received local registrar) (Registrar's signature)

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?

23. Signature Leonard J. Graham (Specify type of place) (Via - C. M. Smith Co.)
Address Chambers Bldg. K.C. Mo. (e) Means of injury D.O.
Date signed 11-25-42

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

JAN 19 1943

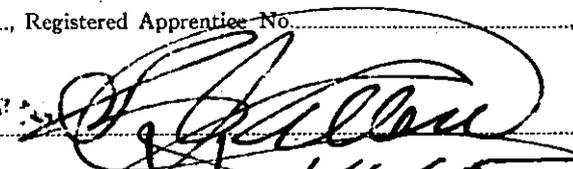
~~AL-23-1878~~

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. 1415

P. O. Address

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.