

FILED FEB 19 1946

State File No. _____
Registrar's No. 688

Registration District No. 149

Primary Registration District No. 1002

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. 1 (1)
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether)
 In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **48**
 (c) City or town Kansas City **281**
(If outside city or town limits, write "RURAL")
 (d) Street No. 2600 Winchester
(If rural, give location) **0**
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Johanna Shidek
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 8
 year 1946 hour 10 minute 30 A. M.

4. Frank 5. Color or race Wht
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Unknown
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 29, 1945, to Feb. 8, 1946; that I last saw her alive on Feb. 8, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral vascular accident
 Duration _____
 Due to _____
 Due to _____
 Other conditions 830
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy See above
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years ect. 77 Months - Days - If less than one day - hr. - min. -

9. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)
 10. Usual occupation Unknown
 11. Industry or business Unknown
 12. Name Unknown **9**
 13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Fr. Adrian Noll
 (b) Address St. Francis Church
 17. (a) Burial (b) Date thereof Feb. 11 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Anthony Cemetery
 18. (a) Signature of funeral director [Signature]
 (b) Address 7657 S. E. 1/2
 19. (a) 2-9-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 Clark W. Seal
 Address Med. Dir. Gen'l Hosp. **2-9-46**
Date signed

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

4862

Dr. Bushman

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 *F. S. Walton*.....

Licensed Embalmer No. *2744*.....

P. O. Address *3030 Harrison*.....

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.