

FILED MAR 2 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 806

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:
(Home) 3311 East 22nd. St. K.C. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 56 years / (Specify whether years, months or days)
In this community 56 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3311 East 22nd. St. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Josephine Shoaf

3. (b) If veteran, name war -- no 3. (c) Social Security No. 495-03-9949

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alfred H. Shoaf 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Dec. 7th, 1889
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife --employed

11. Industry or business N.Y. Life Bldg. Maintenance Dept.

MOTHER FATHER { 12. Name James E. Mc. Donald
13. Birthplace Canada 11
(City, town, or county) (State or foreign country)
14. Maiden name Emma D. Wilhelm
15. Birthplace Mo. 11
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred H. Shoaf
(b) Address 3311 E. 22nd. St. K.C. Mo.

17. (a) burial (b) Date thereof 2/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, Mo.

18. (a) Signature of funeral director Earp Funeral Home
(b) Address 4139 E. 15th. St. K.C. Mo.

19. (a) 2-16-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th.
year 1946 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1943
Feb 15, 1946, to death, 1946
that I last saw him alive on Feb 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Static Bronchial Emphysema Duration _____
Due to Chronic Muscular Atrophy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (b) Means of injury 0

23. Signature James T. Eugene (M. D. or other) _____
Address K.C. Mo. Date signed 2/25/46

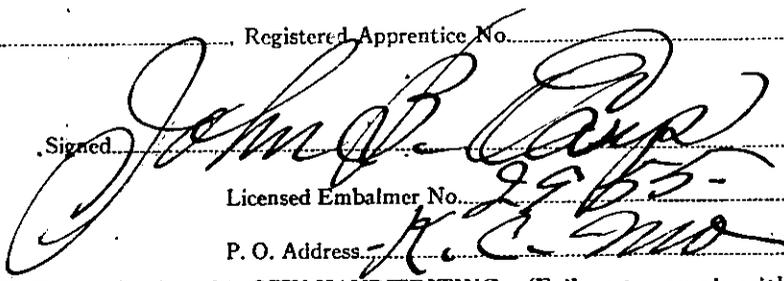
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4874

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. 2955-

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.