

No. 2
12-45
17-39
X47070

FILED DEC 9 1946
Registration District No. **154**

Primary Registration District No. **5575**

Registrar's No. **70**

1. PLACE OF DEATH:

(a) County Jackson (Rural)

(b) City or town Kansas City, Mo.

(c) Name of hospital or institution: Armour Memorial Home #4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 years, 1/2 mo.
(Specify whether years, months or days)

In this community more than 46 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City - Rural
(If outside city or town limits, write "RURAL.")

(d) Street No. 8100 Wornall Road **0**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Anna Shrewsbury

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15
year 1946 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from Dec 1 - 1936 to Nov 15 - 1946
that I last saw her alive on Nov 9 - 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Arthur C. Shrewsbury

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

7. Birth date of deceased October 5 1858
(Month) (Day) (Year)

Immediate cause of death Chronic Hypertension

Due to _____

Due to _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>88</u> | <u>1</u> | <u>15</u> | hr. min. |

Major findings: Of operations A3D

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace St. Paul, Minn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife retired

11. Industry or business X

MOTHER

12. Name John L. Ridanour

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

14. Maiden name Sarah Ewing

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

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)

(e) Means of injury 1

23. Signature OP Cantrell (M. D. or other)

Address 636 Wornall Rd Date signed 11/15/46

16. (a) Informant Armour Home

(b) Address 81st Wornall Rd. K.C. Mo.

17. (a) Burial (b) Date thereof 11-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McDure

(b) Address 3235 Sullen Ave. K.C. Mo.

19. (a) 11/18/46 (b) Dr. Annie B. Hodge
(Date received local registrar) (Registrar's signature)

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

Dr. C. Cantrell
Apprentice Body
Bringing Body
JAN 27 1947
JAN 27 1947

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

J. Blair Shuppard

Licensed Embalmer No. *4179*

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.