

FILED DEC 19 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 minutes
(Specify whether _____)

In this community 24 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2824 East 7th Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Eva Lee SHEAFFER

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1946 hour 9 minute 10 P.M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife John H. Sheaffer

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 5 th, 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from the year 1937
19 1937 to November 30, 1946
that I last saw her alive on November 30, 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>8</u>	<u>25</u>	_____ hr. _____ min.

Immediate cause of death Coronary thrombosis

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

Due to arterio-sclerosis years _____

10. Usual occupation Housewife

Due to Benign hypertension years _____

11. Industry or business Home

Other conditions Diabetes Mellitus unknown
(Include pregnancy within 3 months of death)
Chronic Nephritis

12. Name Luther Steele

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

14. Maiden name -----Zinn

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

Major findings:
Of operations _____

Of autopsy 61

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John H. Sheaffer

(b) Address 2824 East 7th Street

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 12-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 Linwood Blvd, K.C. Mo.

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

19. (a) 12-3-46 (b) Thelma Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Frank T. Machovec (M. D. or other) D.O.
Address 207 Harfield Ave., K.C. 1, Mo. Date signed 12-3-46

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

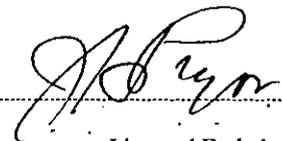
MOTHER FATHER

2121
H. M. ...
H. M. ...

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. 2999

P. O. Address..... K.C.

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.