

No. 2
-12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9389

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1329

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community 39 yrs.
years, months or days

3. (a) PRINT FULL NAME Ruth Shane

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fe /

5. Color of race white

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

6. (b) Name of husband or wife Theodore

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

7. Birth date of deceased Feb 4, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	1	15	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Isreal Baer

12. Name Isreal Baer

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

14. Maiden name Unknown

15. Birthplace 18
(City, town, or county) (State or foreign country)

16. (a) Informant Morris Overbeck

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 3/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland Ave, Kansas City, Mo

19. (a) 3-21-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 3231 Prospect
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1947 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 18, 1947 to March 19, 1947
that I last saw her alive on March 19, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Left heart failure-Heart block
Bronchopneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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

23. Signature Wm. W. Hart (M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 3-20-47

Dr. Y. F. ...

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 *Gay Buffington*
Licensed Embalmer No. *02756*
P. O. Address *150 2nd*

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.