

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED APR 8 1947
Registration District No. 199

Primary Registration District No. 1002

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

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:
812 Penn Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 years 6 Months (Specify whether
years, months or days)

3. (a) PRINT FULL NAME GEORGE R SHORES

3. (b) If veteran, name war No

3. (c) Social Security No. 443-10-7811

4. Sex Male / 5. Color or race White

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

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

7. Birth date of deceased: April 1 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>55</u>	<u>11</u>	<u>25</u>	hr. _____ min. _____
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9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Construction Laborer

11. Industry or business _____

MOTHER FATHER {

12. Name Richard Shores

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

14. Maiden name Mary France

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

16. (a) Informant R. H. Shores

(b) Address Peculiar, Mo.

17. (a) Removal (b) Date thereof 3/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director W. E. Baker

(b) Address 20 West Linwood

19. (a) 3-28-47 (b) St. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 812 Penn St 8
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day March
year 1947 hour 10:45 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and in the state stated above.

Immediate cause of death Reputly Coroner Duration _____
Coronary Atherosclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 93 D

PHYSICIAN

Major findings:
• Of operations _____

Of autopsy See Above

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? _____

(Specify type of place)

While at work _____ (a) Means of injury _____

23. Signature W. E. Baker (M. D. or other) M.D.
Address 2800 Main Date 3/29/47

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.....

P. O. Address.....

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.