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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9399

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 992

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:
3927 Bellefontaine Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 15 years
years, months or days) (Specify whether)

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. 3927 Bellefontaine Avenue 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Ernest Ernest Shiver

3. (b) If veteran, name war World War I

3. (c) Social Security No. 495-01-9880

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23RD
year 1947 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Pathologist to 19;
that I last saw him alive on Feb. 3, 1947 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife MRS. Elizabeth Shiver

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased February 1, 1891
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Due to Atherosclerosis

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

56 1 X² hr. min.

Due to.....

Other conditions (Include pregnancy within 3 months of death) 940

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

10. Usual occupation Office Manager

11. Industry or business London Liquor Co.

12. Name unknown A. Fowler 9

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

14. Maiden name Rose Harper

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

16. (a) Informant Mrs. Elizabeth Shiver

(b) Address 3927 Bellefontaine, K.C. Mo.

17. (a) Cremation (b) Date thereof MAR. 5-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 Buholcek Blvd. K.C. Mo.

19. (a) 3-4-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: Of operations.....

Of autopsy same

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?

23. Signature Dr. C. H. Blum (M. D. or other) 0
Address M. Luke's Hospital Date signed 3-24-47

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

MOTHER FATHER

APR 18 1947

APR 3 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 Bernard L. Loren

Licensed Embalmer No. 4250

P. O. Address NC. 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.