

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13668
Registrar's No. 1859

FILED MAY 5 1947
Registration District No. _____

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

(d) Length of stay: In hospital or institution 41 DAYS
(Specify whether years, months or days)

In this community 25 years

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. 4330 MICHIGAN AVENUE
(If rural, give location)

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

3. (a) PRINT FULL NAME FLORENCE SHUPERT

3. (b) If veteran, name war NO

3. (c) Social Security No. 486-05-5937

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 22ND
year 1947 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1/8/46
1946 to 4-22/47 1947
that I last saw her alive on 4/22/47 1947
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 MARRIED

6. (b) Name of husband or wife MR. WILLIAM B. SHUPERT

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased AUGUST-30-1899
(Month) (Day) (Year)

Immediate cause of death Pneumonia Duration 4 days

Due to Carcinoma of the cervix & pelvic metastases 2 1/2 yr.

Due to _____

8. AGE: Years 47 Months 7 Days 22
If less than one day _____ hr. _____ min.

9. Birthplace PLATTE CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name ROBERT MOORE

13. Birthplace PLATTE CITY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MAE SEX

15. Birthplace PLATTE CITY MISSOURI
(City, town, or county) (State or foreign country)

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

Major findings: Of operations 480

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant WILLIAM B. SHUPERT

(b) Address 4330 MICHIGAN

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof 4-25-47
(Month) (Day) (Year)

(c) Place: burial or cremation MT. WASHINGTON

18. (a) Signature of funeral director D. H. Newman's Sons

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 4-24-47 (Date received local registrar)

(b) Geraldine Holmes (Registrar's signature)

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)

23. Signature John W. Baker M.D. (M. D. or other) _____

Address Kansas City, Mo. Date signed 4/23/47

830 Maple Bldg.
2-5

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.....

John E. Mooking, Registered Apprentice No. *504*
working under my personal supervision.

Signed *E. Oscar Worthing*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.