

S. No. 2
—12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17610**
Registrar's No. **2079**

Registration District No. **149**

Primary Registration District No. **1001**

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. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 DAYS** (Specify whether
In this community **5 YRS.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON 48**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **1302 E. 14TH ST.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **FLOYD SHELBY**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **unknown**

4. Sex **MALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Nettie Shelby** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **OCTOBER 27, 1902**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 6 8 hr. min.

9. Birthplace **CLARA LOUISIANA**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **JOHN SHELBY**

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

14. Maiden name **CREATIA SMITH**

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

16. (a) Informant **THERESA Mc COY (DAUGHTER)**

(b) Address **1109 E. 14TH ST.**

17. (a) **Removal** (b) Date thereof **5-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Natchitoches, La**

18. (a) Signature of funeral director **E. Sterling Bills**
(b) Address **1212 Vine St., Kansas City, Mo**

19. (a) **5-10-47** (b) **Ronald H. Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **5**, year **1947** hour **2:** minute **20P.** M.

21. I hereby certify that I attended the deceased from **APRIL 30, 1947**, to **MAY 5, 1947**, and that death occurred on the date and hour stated above.

that I last saw him alive on **MAY 5, 1947**.
Immediate cause of death **PULMONARY TUBERCULOSIS** Duration _____

Due to _____

Due to _____

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

Major findings: **13**
Of operations _____

Of autopsy _____

PHYSICIAN
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? _____

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

23. Signature **Frank Egan** (M. D. or other) **M.D.**

Address **GENERAL HOSPITAL NO. 2** Date signed **5/6/47**

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

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.....

E. Sterling Bills

Licensed Embalmer No. 3178.....

P.O. Address 1212 Vine St., 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.