No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21188

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2492

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: ST. JOSEPH HOSPITAL O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 1 DAY (Specify whether years, months or days)
In this community 35 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY RURAL O (If outside city or town limits, write "RURAL")
(d) Street No. 5110 BLUE RIDGE BLVD. O (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME MRS HARRIET TRICE SHELEY
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. OLIVER C. SHELEY, SR.
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased JULY (Month) 16 (Day) 1886 (Year)
8. AGE: Years 60 Months 10 ~~Days 20~~ 19 If less than one day hr. min.
9. Birthplace EL DORADO LEON (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
MOTHER FATHER
12. Name CHARLES Y. TRICE
13. Birthplace CAMERON (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name PERILEE STEENE
15. Birthplace NEAR JOPLIN (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MR. OLIVER C. SHELEY
(b) Address 5110 BLUE RIDGE BLVD.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 7 1947
(c) Place: burial or ~~cremation~~ WOODLAWN CEMETERY INDEPENDENCE, MISSOURI
18. (a) Signature of funeral director D. H. Newcomer Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 6-6-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 5TH year 1947 hour 7 minute 40 A.M.
21. I hereby certify that I attended the deceased from JUNE 4 1947, to JUNE 5, 1947, that I last saw him alive on JUNE 5, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL HEM	18 HRS.
Due to HYPERTENSION B.P. 240/110	24 YRS.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work (e) Means of injury O
23. Signature [illegible] (M. D. or other)
Address Raytown Mo. Date signed 6-5-47

(Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.