No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

8910

State File No.

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 1019

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~~: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 7 days (Specify whether
In this community 15 YEARS years, months or days)

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.: 3433 Campbell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Betty M. Shanahan
3. (b) If veteran, name war: No
3. (c) Social Security No.: 496-26-3574
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MR. LEO T. SHANAHAN
6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: JUNE (Month) 14 (Day) 1906 (Year)

8. AGE: Years 41 Months 8 Days 19 If less than one day hr. min.

9. Birthplace: EASTON (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation: IN OFFICE
11. Industry or business: RIVAL MANUFACTURING CO.
FATHER 12. Name: WILLIAM D. MEYER, SR.
13. Birthplace: IOWA (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: KATHRINE JACQUOT
15. Birthplace: RAYTOWN (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: Mr. Leo T. Shanahan
(b) Address: 3433 Campbell Ave.
BURIAL 17. (a) Eastview Park (Burial, cremation, or removal) (b) Date thereof: 3-6-1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ EASTON, KANSAS.
18. (a) Signature of funeral director: O.H. Deweese
(b) Address: 1401 - BRUSH CREEK BLVD.
19. (a) 3-4-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1948 hour 8 minute 25 A.M.
21. I hereby certify that I attended the deceased from 2-25-48, 19..., to 3-3-48, 19...; that I last saw her alive on 3-3-48, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Ruptured anuerysm of rt. ant. central artery with massive sub dural hemmorrhage (n.s.)
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Nil
Of autopsy:

PHYSICIAN

Underline the cause of 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: 0
23. Signature: Wm. W. Hart (M. D. or other) MD
Address: Med. Dir. K.C. Gen. Hospital K.C. Mo. Date signed

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

Jefferson City Printing Co.

(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.