

REC'D JUL 1 2 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20876
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 1421 Brooklyn Registered No. 2326
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1421 Brooklyn St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Cranshaw
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 — — —
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/7 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-15-38 to 6-6-38 1938
 I last saw her alive on 6-5-38 1938 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Interstitial nephritis
chronic 131
 Date of onset
 Other contributory causes of importance:
Acute myocarditis

Name of operation none Date of
 What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide no Date of injury
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) J. J. Hough M. D.
 (Address) 2200 E. 18th

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasanton Kansas

FATHER 13. NAME Henry Shepherd
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

MOTHER 15. MAIDEN NAME Nancy Cook
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

17. INFORMANT (ADDRESS) Leroy Cranshaw 3612 Topping

18. BURIAL, CREMATION, OR REMOVAL PLACES Highland DATE 6/9 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hatkins Bros 1729 Lydia

20. FILED June 9, 1938 M. W. Brown Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD WITH OBTAINING INK—THIS IS A PERMANENT RECORD

I X14623

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,

D.B. Watkins, or by

Registered Apprentice No., working under my personal supervision.

Signed *D.B. Watkins*

Licensed Embalmer No. *2889*

P. O. Address *1729 Lydial, K. C. 2.*

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, above space should be left blank.