

Aug 7 1939

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

24456
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
 (b) Township KAW Primary Registration District No. 100
 (c) City KANSAS CITY (d) Street No. 3711 BROOKLYN Registered No. 2659 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

650 SAMUEL W. SHORE
 (a) Residence, No. 3711 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GOLDIE SHORE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUN 25 1876

7. AGE YEARS 64 MONTHS 4 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. INSURANCE
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

FATHER 13. NAME William Shore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER 15. MAIDEN NAME Sarah Doctor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Mrs. Sophia Orlann
3711 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE ROSE HILL DATE JULY 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. P. LOUIS FUNERAL HOME
City

20. FILED July 3 1939 M.M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-39 19

22. I HEREBY CERTIFY, that I attended deceased from 3:45 P.M. 19... Death is said to have occurred on the date stated above, at 3:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Shot wound of head
 Date of onset 167

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Date of injury 7-1-39

Where did injury occur? Kelmo (Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shot self

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Hoop; Kelmo M. D.

(Address) Hoop; Kelmo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

0000-1-12-39 I X14028

OCT 11942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.