

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.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4674

1. PLACE OF DEATH:  
 (a) County Jackson,  
 (b) City or town Kansas City, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
None ✓  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether)  
 In this community 49 years  
years, months or days

3. (a) PRINT FULL NAME Linda L. Shockley, 240  
 3. (b) If veteran, name war no ✓  
 3. (c) Social Security No. no ✓

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Felix C. Shockley  
 6. (c) Age of husband or wife if alive ----- years  
 7. Birth date of deceased Jan. 22nd, 1864  
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 16 If less than one day  
hr. min.

9. Birthplace Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation In the Home

11. Industry or business at home

MOTHER FATHER {  
 12. Name Benjamin Scott  
 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Crockett,  
 15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carl S. Shockley  
 (b) Address 2720 Perry

17. (a) Burial (b) Date thereof Dec. 4th, 39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Forest Hill, Cemetery.

18. (a) Signature of funeral director Mrs. C. L. Forster,  
 (b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) Dec 4-39 (b) Shockley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City, Missouri.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2410 Bales Avenue, K. C. Mo.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 2, 1939  
 year 1939 hour 5:30 minute ----- P. M.

21. I hereby certify that I attended the deceased from 1-1, 1935, to Dec. 2, 1939;  
 that I last saw her alive on Dec. 2, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to I don't know 31

Other conditions Chronic nephritis  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 Joseph Graham (M. D. or other) \_\_\_\_\_  
 Address 558 Jorgensen Rd. Date signed 12-4-39

5-18

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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address 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, above space should be left blank.