

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **399** Primary Registration District No. **1002**

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

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: **3737 Virginia**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **50 years**
In this community **50 years**
years, months or days (Specify whether)

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. **3737 Virginia**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Mrs. Elizabeth Tandy Shaw**

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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 20, 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 6 hr. mth.

9. Birthplace **Owenton, Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

12. Name **Edwin Tandy**

13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ritchey**

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. W. F. Coleman**
(b) Address **137 W. 61st. Terrace**

17. (a) **Burial** (b) Date thereof **March 28, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **104 W. 42nd St., K.C., Mo.**

19. (a) **Mch 27, 1940** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **26**,
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **May 28, 1938**
to **Mar 26, 1940**
that I last saw her alive on **Mar 26, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death. **Cerebral hemorrhage** Duration **10 days**

Due to **Hypertension** ?

Due to **Ch. nephritis and arteriosclerosis** ?

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations **None**

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No**

(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)

23. Signature **L. P. Richardson** (M. D. or other) _____
Address **906 Grand R.F. Mo.** Date signed **3/27/40**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.

*Michelle Perry
12-11-98*