

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2580

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:
2624 Madison
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 74 years
(Specify whether 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. 2624 Madison
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (c) PRINT FULL NAME William Shaw 007

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased January 24 1853
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 0 If less than one day hr. _____ min.

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

10. Usual occupation Watchman -- Frisco R. R.

11. Industry or business Retired 17 years

12. Name Shaw 9

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Goldie C. Shaw

(b) Address 1713 Stinson--K. C. K.

17. (a) burial (b) Date thereof 6-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Maple Funeral Home
(b) Address Kansas City, Kansas

19. (a) June 25, 1940 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day June
year 1940 hour 9:30 minute _____ M.

21. I hereby certify that I attended the deceased from June 23, 1940 to June 24, 1940
that I last saw him alive on June 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage and paralysis
Due to apoplexy 24 hours

Due to _____
Other conditions no
(Includes pregnancy within 3 months of death)

Major findings: no
Of operations _____
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no (Specify type of place) (e) Means of injury no

23. Signature J. F. Mackey (M. D. or other)
Address Kansas City Date signed 6-29-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Brew
12th Street

Dr. John M. ...
Professional Bldg.

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 J. Ross Blanford

Licensed Embalmer No. 4015

P. O. Address 1815-2141

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.