

3-40  
-39  
K23189

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 2003 East 33rd St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-1/2 months  
(Specify whether years, months or days)

In this community 3-1/2 months  
(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. 2003 East 33rd St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Edward Bellaine Shireman

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Ma

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen M. Shireman

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 18 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>1</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph A. Shireman

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

14. Maiden name Victoria Bellaine

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

16. (a) Informant Mrs. Helen M. Shireman

(b) Address 2006 E. 33rd St.

17. (a) Removal  
(Burial, cremation, or removal)

(b) Date thereof Sept. 20-40  
(Month) (Day) (Year)

(c) Place: burial or cremation Walnut, Kansas

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) Sept. 19-40  
(Date received local registrar)

(b) M. M. Crowe  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th  
year 1940 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from 9-17-40 to 9-19-40  
6:30 P.

that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Acute pulmonary edema & congestion  
acute coronary occlusion  
coronary sclerosis

Due to \_\_\_\_\_

(Include pregnancy within 3 months of death) 94B

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

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 kind of place)

(e) Means of injury 5

23. Signature H. P. Mo (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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**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 A. R. Haunschel

Licensed Embalmer No. 4159

P. O. Address K. C. M.

**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, fact should be so stated above.**