

Registration District No. **399**

Primary Registration District No. **1002**

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: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
In this community 22 Years  
years, months or days)

3. (a) PRINT FULL NAME HUGH SHELDON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 509-01-591

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Marcella Sheldon 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased June 24 1906  
(Month) (Day) (Year)

8. AGE: Years 34 Months 3 Days 11 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Cleaner & Presser

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

MOTHER FATHER { 12. Name Frank J. Sheldon  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie L. Clark  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Marie L. Davidson  
(b) Address 916 E. 29th St.

17. (a) Cremation (b) Date thereof Oct. 7 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Mac-Walter

(b) Address 7406 Wornall Road

19. (a) 10-7-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limit, write "RURAL")  
(d) Street No. 916 East 29th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th  
year 1940 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from 9-25-40, 19\_\_\_\_, to 10-5-40, 19\_\_\_\_;  
that I last saw him alive on 10-5-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease  
as in death record

Other conditions Pulmonary infarcts  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy See above

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 Amey R. Thome (M. D. or other)  
Address Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

*Harley Roe*  
.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed *Harley Roe*  
.....

Licensed Embalmer No. *7810*

P. O. Address *176 ...*

**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.