

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

13416
State File No.
1797
Registrar's No.

Registration District No. 399 Primary Registration District No. 1002

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8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County. Jackson
(b) City or town. Kansas City
(c) Name of hospital or institution: K.C. General Hospital No. 1
(d) Length of stay: In hospital or institution. 35 Years
In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Jackson
(c) City or town. Kansas City
(d) Street No. 2304 E. 13th St.
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME: Ellen Lucinda Shoemaker
3. (b) If veteran, name war No
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 6
year hour 4 minute 20 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov 17 1866

21. I hereby certify that I attended the deceased from Jan. 15th 1941 to April 6th 1941, 1941.
that I last saw her alive on April 5th 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 4 Days 19
If less than one day hr. min.

Immediate cause of death: advanced carcinoma of breast
Due to 50
Due to 50

9. Birthplace: Prescott Kansas

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

10. Usual occupation: At Home

11. Industry or business

12. Name: Ansel Kirby

13. Birthplace: Iowa

14. Maiden name: Margaret Stringer

15. Birthplace: Missouri

16. (a) Informant: Mrs. Ethel Ruby

(b) Address: 1226 Park

17. (a) Burial (b) Date thereof: 4-8-1941

(c) Place: burial or cremation: Green Lawn

18. (a) Signature of funeral director: Mrs. C.L. Forster

(b) Address: K.C. Missouri

19. (a) Apr 8, 1941 (b) M. N. Crow

Major findings: Of operations
Of autopsy: None
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: W. R. Crow
Address: Gen. Hospital K.C. Mo.
Date signed

Done 25 March

Gene Shaver

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 Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address 15 C Mo

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.