

DEC 22 1941 399
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4127

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:
1618 Broadway
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 18 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. 1618 Broadway
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME Mr. Elias Andrew Shannon
 3. (b) If veteran, name war: No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 4th
 year 1941 hour 2 minute 25 P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife: ---
 6. (c) Age of husband or wife if alive: --- years
 7. Birth date of deceased: January 11 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 4, 1941 to Nov. 4th, 1941
 that I last saw him alive on Nov. 4th, 1941
 and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>75</u> | <u>9</u> | <u>24</u> | hr. _____ min. |

Immediate cause of death: Cerebral vascular disease
 Due to _____
 Due to 13/a

9. Birthplace: Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation: Painter
 11. Industry or business: Retired

Other conditions: _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

MOTHER FATHER
 12. Name William Shannon
 13. Birthplace: Marshall Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Beaty
 15. Birthplace: Marshall Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant: Mrs. Ida Sullivan
 (b) Address: 1618 Broadway

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? _____

17. (a) Burial (b) Date thereof: Nov. 6, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Crown Hill Cemetery, Excelsior Springs, Mo.
 18. (a) Signature of funeral director: D. H. Newcomer's Son
 (b) Address: 1401 Brush Creek Blvd.
 19. (a) 11-6-41 (b) H. M. Crowe
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (b) Means of injury
 23. Signature: [Signature] (M. D. or other) _____
 Address: 807 Ogden Bldg. Date: Nov. 4, 1941

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

2-5-2
H. C. M.

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.....

C. Hervey Guisenbe

Licensed Embalmer No..... 4070

P. O. Address..... H. 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.