

FILED DEC 10 1941

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 313

1. PLACE OF DEATH:

(a) County: JACKSON  
(b) City or town: INDEPENDENCE City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: INDEPENDENCE SAN. H.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 4 hrs.  
In this community: 4 hrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: JACKSON  
(c) City or town: KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 4121 EAST 6th St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME: Infant SHANNON

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: Nov. 23, 1941 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 4 hr. min.

9. Birthplace: Independence Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: \_\_\_\_\_

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

12. Name: Walter Eugene Shannon

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

14. Maiden name: Arla May Clark

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

16. (a) Informant: Walter Eugene Shannon (b) Address: 4121 East 6th St.

17. (a) Burial (b) Date thereof: Nov. 25, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Washington Cem. George C. Larson

18. (a) Signature of funeral director: George C. Larson (b) Address: Independence Mo. 19. (a) Nov. 25-41 (Date received local registrar) (b) F. L. Book (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1941 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Nov 23, 1941, to Nov 23, 1941, that I last saw him alive on Nov 23, 41, and that death occurred on the date and hour stated above.

Immediate cause of death: Eversion of small + large intestine + at liver fold into abdominal cavity. Due to: Congenital defect of abdominal wall.

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

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

Major findings: Of operations: 157 mm. Of autopsy: same.

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) Means of injury: \_\_\_\_\_ 23. Signature: George M. Poels (M. D. or other) Address: Indep. Mo. Date signed: 11-28-41

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

MOTHER FATHER

**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.....

*Jean Evans*  
working under my personal supervision.

....., Registered Apprentice No. *283*

Signed *Raymond A. Martin*

Licensed Embalmer No. *4150*

P. O. Address *Independence 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.**