

Rev. 6-17-39
1-10931

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. **B-99**

Primary Registration District No. **1002**

Registrar's No. **204**

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:
3200 Norledge 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 18 yrs
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. 3200 Norledge
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James M^s Shane

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1942 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from 2-11-41
_____, 19____, to 2-24-42 19____;
that I last saw him alive on 2-24-42, 19____;
and that death occurred on the date and hour stated above.

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 _____ years

7. Birth date of deceased Nov. 15 1849
(Month) (Day) (Year)

Immediate cause of death _____

Due to Arteriosclerosis

Due to 97

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

8. AGE: Years Months Days If less than one day

92 3 10 _____ hr. _____ min.

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

10. Usual occupation Stone mason

11. Industry or business retired

12. Name Patrick M^s Shane

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

14. Maiden name Bridget Sullivan

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

16. (a) Informant's own signature Arnold M^s Mullin

(b) Address 803 W. Soudgeon, Kansas City, Mo.

17. (a) Burial (b) Date thereof 2/27/42
(Burial, cremation, or removal) (month) (Day) (Year)

(c) Place: burial or cremation St Mary's

18. (a) Signature of funeral director Edna M^s Cozette

(b) Address K C Mo

19. (a) 2/26/42 (b) M M Crow
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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 A P Lawrence (M. D. or other) _____
Address 1320 Norledge Date signed 2-25-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Harry E. Jolley

Licensed Embalmer No. *4078*

P. O. Address *Kan City Kansas*

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.