

FILED APR 25 1942

Registration District No. 399

Primary Registration District No. 1002

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

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: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 Days
(Specify whether In this community 16 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 5145 Swope Parkway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. - 0

3. (a) PRINT NAME Mrs. Minnie Marie Shuert
FULL NAME

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Mr. Raymond C. Shuert

6. (c) Age of husband or wife if alive. 41 years

7. Birth date of deceased. July 1 1903
(Month) (Day) (Year)

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

38 9 3 hr. min.

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

10. Usual occupation Housewife

11. Industry or business -

MOTHER FATHER { 12. Name John G. Mason

{ 13. Birthplace Fulton Kansas
(City, town, or county) (State or foreign country)

{ 14. Maiden name. Mary Guilfoyle

{ 15. Birthplace Fulton Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond C. Shuert

(b) Address 5145 Swope Pkwy

17. (a) Burial (b) Date thereof Apr. 6, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem.

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-6-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1942 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from 3-11 1942 to 4-14 1942
that I last saw her alive on 4-14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal disease

Due to Phoric interal disease

Due to Phoric myocardial disease

Due to Phoric nephritis

Other conditions 131 B
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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? (City or town) (County) (State).....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work? Yes (Specify type of place) (e) Means of injury 0

23. Signature Raymond C. Shuert (M. D. or other) 0
Address 80 S. + West Date signed 4/14/42

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.....

Emile W. Colburn

Licensed Embalmer No. *3506*

P. O. Address. *R. 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.