

FILED MAY 14 1942

State File No. ....

Registration District No. 379

Primary Registration District No. 1002

Registrar's No. 1789

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:  
2226 East 70th Street Terrace  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11 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. 2226 East 70th Street Terrace  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country: ---

3. (a) PRINT FULL NAME Mrs. Ola Mae Gragg Sheffield  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 3  
 year 1942 hour 1102 minute 55 A.M.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mr. James A. Sheffield  
 6. (c) Age of husband or wife if alive 28 years  
 7. Birth date of deceased November 6 1911  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from act-14  
1941 to May 3 1942  
 that I last saw her alive on May 1 1942  
 and that death occurred on the date and how stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>5</u>	<u>27</u>	.....hr. ....min.

Immediate cause of death Carcinoma of breast with metastases  
 Due to metastases  
 Due to 50  
 Other conditions ---  
(Include pregnancy within 3 months of death)

9. Birthplace Marysburg Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
 11. Industry or business At Home

Major findings: Carcinoma of breast  
 Of operations breast  
 Of autopsy ---  
 PHYSICIAN ---  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Leslie A. Gragg  
 13. Birthplace Urich Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Leona O. Baldwin  
 15. Birthplace Urich Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Sheffield  
 (b) Address 2226 E 70th Terrace

17. (a) Burial (b) Date thereof May 6 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial of Urich, Missouri

18. (a) Signature of funeral director D. H. Newcomer  
 (b) Address 1401 Brush Creek Blvd.

19. (a) 5-6-42 (b) M. M. O'Connell  
(Date received local registrar) (Registrar's signature)

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 Herbert Walden (M. D. or other)  
 Address 1103 Grand Ave Date signed 5/7/42

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

Dr. H. S. Valentine  
1124 Prof. Bell  
2-11-62 - 3-1-415

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 *H. S. Valentine*  
: Licensed Embalmer No. 4043  
P. O. Address *H. S. Valentine*

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.