

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 12 1942  
299

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 1669

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City Mo.  
(c) Name of hospital or institution:  
1229 Bellefontaine Ave.  
(d) Length of stay: In hospital or institution 15 years  
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Mo.  
(d) Street No. 1229 Bellefontaine  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME SADIE SHIPLEY

MEDICAL CERTIFICATION

3. (b) If veteran, name war None  
3. (c) Social Security No. None

20. DATE OF DEATH: Month Feb day 15 year 1942  
hour 1 minute 0

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended deceased from Jan 1942  
that Deputy Coroner alive on Jan 1942  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Oliver E. Shipley  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased January 3rd, 1876

Immediate cause of death Acute myocardial infarction  
Due to  
acute coronary occlusion

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>3</u>	<u>22</u>	hr. min.

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

9. Birthplace Ladonia, Missouri

Major findings: Of operations 94a

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

Of autopsy Yes

12. Name David Crockett  
13. Birthplace Troy Missouri

Underline the cause to which death should be charged statistically.

14. Maiden name Unknown  
15. Birthplace Missouri

22. If death was due to external causes, fill in the following:

16. (a) Informant Oliver E. Shipley  
(b) Address 1229 Bellefontaine Ave.  
17. (a) Burial (b) Date thereof 4/27/42

(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence None  
(c) Where did injury occur? None  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

(c) Place: burial or cremation Forest Hill  
18. (a) Signature of funeral director Melody-McGilley  
(b) Address K. C. Mo.

While at work? None  
(Specify type of place) (c) Means of injury None

19. (a) 4-28-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature M. M. Brown (M. D. or other) 3  
Address K. C. Mo. Date signed 4-28-42

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*J. W. Ryan*  
2989  
KC

Licensed Embalmer No.....

P. O. Address.....

**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.**