

FILED JUN 18 1942

State File No. 16861

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2307

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: 3660 Summit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Emma Bangard
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 Widowed
6. (b) Name of husband or wife Mark
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased August 7 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>5</u>	hr. min.

9. Birthplace Weston, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name B. H. Shepard
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Mary Coswell
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Lee M. Shepard

(b) Address 4155 Eaton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-1942
(Month) (Day) (Year)

(c) Place: burial or cremation Brooking Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 6/13/42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4155 Eaton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1942 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from FEB.
1939 to June 12, 1942
that I last saw her alive on June 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ovary

Due to 49a

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
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? (Specify type of place) (e) Means of injury

23. Signature Don Carlos Peete (M.D. or other)
Address 22 of Kansas Date signed 6/12/42

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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... *Clarence W. Childs*.....
..... Licensed Embalmer No. *3473*.....
P. O. Address... *76 e 760*.....

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.