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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23596

Primary Registration District No. 1002

Registrar's No. 2896

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: 7715 Summit 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 All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 7715 Summit
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Lena Shade

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 Arthur Shade

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Oct. 8 1389
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	9	20	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Albert Ganzer
13. Birthplace ..... Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Paul
15. Birthplace ..... Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Shade
(b) Address 7715 Summit

17. (a) burial (b) Date thereof 7/31/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eldorado Spgs, Mo

18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3811 Broadway

19. (a) 7-31-42 (b) M. M. Crome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th
year 1942 hour 11:55 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Aug-1-, 1941, to July 27, 1942
that I last saw her alive on July 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Breast	3 yrs.
Due to Rapid metastasis to liver	
Due to 50	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy no	

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

23. Signature Chas S Nelson (M. D. or other)
Address 3626 Judy ave Date signed 7-29-42

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1413

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.