

FILED DEC 18 1942
749

Registration District No.

Primary Registration District No. 1002

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:
4715 Charlotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **3 Years**
years, months or days (Specify whether)

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. **4715 Charlotte**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Thomas Benjamin Shull**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mae Shull** 6. (c) Age of husband or wife if alive. ******* years
7. Birth date of deceased **Dec 14 1863**
(Month) (Day) (Year)

8. AGE: Years **78** Months **11** Days **25** If less than one day hr. min.

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business **retired**

MOTHER FATHER { 12. Name **Jacob Shull**
13. Birthplace **No Record** 9
(City, town, or county) (State or foreign country)
14. Maiden name **No Record**
15. Birthplace **No Record** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Garlin Shull**
(b) Address **4715 Charlotte**

17. (a) **Burial** (b) Date thereof **Dec 12 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Tina Missouri**

18. (a) Signature of funeral director **Mrs. C.L. Forster**
(b) Address **Kansas City, Missouri**

19. (a) **12-9-42** (b) **M. M. Brown**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **9th.**
year **1942** hour **6** minute **40 P.** M.

21. I hereby certify that I attended the deceased from..... to.....
that I last saw h. **Deputy Coroner** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Sclerosis with myocardial fibrosis**
Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy **See above**

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) (a) Means of injury.....

23. Signature **A. E. Upsher M.D.** (M. D. or other)
Address **23rd M. Way** Date signed **12/9/42**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

This body was not Embalmed . This was ordered by his son Mr. Garlin Shull

4715 Charlotte

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.