V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9152

State File No. 1212

Registration District No. 49

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2805 Wabash Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 2805 Wabash Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph KERSHAW.

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Agnes Kershaw

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June (Month) 9th (Day) 1872 (Year)

8. AGE: Years 70 Months 8 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) England 4 (State or foreign country)

10. Usual occupation Electrial Engeneer

11. Industry or business Retired

FATHER
12. Name Jacob Kershaw
13. Birthplace ..... (City, town, or county) England 4 (State or foreign country)

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

16. (a) Informant Mrs. Agnes Kershaw.
(b) Address 2805 Wabash Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.

19. (a) 3/10/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1943 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from ..... 19..., to March 5 1943 that I last saw him alive on March 5 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious Anaemia	4 yrs
Due to 46B	
Due to	
Other conditions Probably Abdominal Malignancy (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature S. J. Davis (M. D. or other)
Address 907 Waldheim Bldg Date signed 3-9-43

561 (Licensed Embalmer's Statement on Reverse Side)

Dr. Samuel Davis
Waldheim Bldg.

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 H Pryor

Licensed Embalmer No. 999

P. O. Address 151

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.