

FILED MAY 3 1948 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 30 yrs (Specify whether
years, months or days)

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. 702 Mumford Court
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Dr. Walter H. 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 3 divorced, divorced
6. (b) Name of husband or wife Carrie 6. (c) Age of husband or wife if alive 1858 years
7. Birth date of deceased Mar 25 - 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 11 If less than one day hr. min.

9. Birthplace W. Va
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Dentist

11. Industry or business Self

MOTHER FATHER
12. Name W. H. Shull
13. Birthplace Mo Record 9
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Johnson
15. Birthplace Mo Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Raura Osterhaut

(b) Address 1507 E 8th

17. (a) Burial (b) Date thereof Apr 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Missouri

18. (a) Signature of funeral director Wm. C. Foster

(b) Address 918 Brooklyn RC Mo

19. (a) 4-7-43 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1943 hour 6 minute 32 A. M.

21. I hereby certify that I attended the deceased from 4-5-43, 19, to 4-6-43, 19;
that I last saw him alive on 4-6-43, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death SENILITY
Due to 11 1/2 yrs
Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy

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 Dr. R. Shull (M. D. or other)
Address 1507 E 8th Date signed K.C. General Hospital

0378

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 *Wenzel C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *W.C. Browning*

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.