

FILED JUN 19 1943
 Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 2064

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: 3231 Prospect - 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution unknown (Specify whether
 In this community unknown years, months or days)

3. (a) PRINT FULL NAME Edward P. O'Shea
 3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced unknown
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased unknown
 (Month) (Day) (Year)

8. AGE: Years 80 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name unknown
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Melody McSitley

(b) Address K.C. Mo.

17. (a) Burial (b) Date thereof 5-4-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Delany Cemetery

18. (a) Signature of funeral director Melody McSitley

(b) Address R.E. Smith

19. (a) 5-3-43 (b) M. H. Crowe
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3231 Prospect ave
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
 year 1943 hour 10:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
 that I last saw h. _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to arteriosclerosis

Due to Chronic Degenerative Changer
 Other conditions old age
 (Include pregnancy within 6 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration

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) (c) Means of injury _____
 23. Signature M. J. Casebolt
 Address 329 Westport ave Date signed 5-3-43

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.....



Licensed Embalmer No.....

2985

P. O. Address.....

TC

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.