

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

FILED JUN 7 1948 149
Registration District No. 149

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: 1418 Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether)

In this community 30 Yrs. (years, months or days)

3. (a) PRINT FULL NAME John W. Sheldon

3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Approx. 65 hr. min.

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

10. Usual occupation Railroad Conductor

11. Industry or business

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace Unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Duboise
(b) Address 1418 Harrison

17. (a) Burial (b) Date thereof 5/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem.

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address K. C. Mo.

19. (a) May 25 1943 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 1418 Harrison
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 23
year 43 hour 10:05 minute A M.

21. I hereby certify that attended the deceased from Emma 1943

that I last saw him alive on Unknown 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to 93A

Due to 93A

Other conditions (Include pregnancy within 3 months of death)

Major findings: Asphyxiation

Of operations Asphyxiation

Of autopsy Asphyxiation

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) (e) Means of injury

23. Signature John W. Sheldon Date signed 5/25/43

Address Unknown

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.....

Francis Walter

Registered Apprentice No. *2744*

working under my personal supervision.

Signed.....

J. A. Pagnier

Licensed Embalmer No. *2744*

P. O. Address *K. E. Blvd*

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.