

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

FILED AUG 11 1943 149
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:
501 South Brighton 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **35 years**
years, months or days

3. (a) PRINT FULL NAME **Edie Shepherd Love**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married. **divorced married**
6. (b) Name of husband or wife. **Jesse B. Love** 6. (c) Age of husband or wife if alive. **59** years
Birth date of deceased. **3 - 13 - 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 4 12 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **J. M. Shepherd**
13. Birthplace **Warrensburg Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Stella Hatfield**
15. Birthplace **Warrensburg Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **ma J. S. Love**
(b) Address **501 South Brighton**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-28-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **mt. Moriah**

18. (a) Signature of funeral director **ms. L. D. Foster**
(b) Address **R. C. no**

19. (a) **7-26-43** (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

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. **501 South Brighton**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **25** year **1943** hour **4** minute **50 P. M.**

21. I hereby certify that I attended the deceased from **April 12, 1943 to July 25, 1943**
that I last saw **her** alive on **July 25, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **11 weeks**
Hypertension **2 years**

Due to **?** **830**
Other conditions (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Dean S. Rising** (M.D. or other) **7/26/43**
Address **814 Professional Bldg** Date signed _____

Prof. Bledy
2 pm

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 *Denzil E. Browning*
Licensed Embalmer No. *2726*
P. O. Address *N.E. no*

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.