. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24065

Registrar's No. 3423

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:
St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 33 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

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

(d) Street No. 103 North Lawn Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Martha I. Shain

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. Isaac Shain

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

7. Birth date of deceased March (Month) 4 (Day) 1870 (Year)

8. AGE: Years 73 Months 5 Days 2 If less than one day ___ hr. ___ min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

FATHER
12. Name Cunningham
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Margaret Donevan
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant W. A. Shain

(b) Address 103 North Lawn Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director D. W. Newcomer & Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-7-43 (Date received local registrar) (b) T. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1943 hour 11 minute 40P.M.

21. I hereby certify that I attended the deceased from July 25, 1943, to Aug 6, 1943
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mytral Regurg	2 Yrs
Due to	
Due to 92.15	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 R. L. St. Clair (M. D. or other)

Address 5242 St. John Date signed 8/7-43

(Licensed Embalmer's Statement on Reverse Side)

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. H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address. K C Mo.

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri ss. State File No.
County of Jackson

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3423

On this 29th day of October, 1943, before me appears Mr. W. A. Shain, who, upon his oath, states that the original record of ~~birth~~ death for Martha I. Shain died ~~born~~ August 6, 1943 in the State of Missouri, and which was filed at K.C., Mo. on Aug. 7, 1943, should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. Name #3 of Person should read Martha I Shain

Instead of Martha J. Shain

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant W A Shain Son
Relationship.

103 N. Lawn ave
Present Address.

Subscribed and sworn to before me this 29th day of Oct., 1943

My Commission expires Oct. 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
I X32339

S-24065