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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3132**

ED AUG 6 1943
Registration District No. **20/49**

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**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital #2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6/25-7/13/43**
(Specify whether
In this community **35 Years**
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. **1522 Harrison--2nd fl.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WALKER SHELBY**

MEDICAL CERTIFICATION

3. (b) If veteran, name war **None**
3. (c) Social Security No. **493-12-3340**

20. DATE OF DEATH: Month **July** day **13** year **1943** hour **12:15** minute **A** M.

4. Sex **Male** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Single**

21. I hereby certify that I attended the deceased from **June 25**, 19**43** to **July 13**, 19**43**
that I last saw him alive on **July 13**, 19**43**
and that death occurred on the date and hour stated above.

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

Immediate cause of death **Carcinoma of the Lung with metastasis to the Spinal Cord**
Due to _____
Due to **47d**

7. Birth date of deceased **April 27 1888**
(Month) (Day) (Year)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **Same as above**

8. AGE: Years **54** Months **2** Days **16**
If less than one day _____ hr. _____ min.

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

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation **Laborer**

11. Industry or business **Ryndalyn Coal Co.**

12. Name **John Shelby**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Nellie Davis**

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

16. (a) Informant **Record Clerk**
(b) Address **General Hospital #2**

17. (a) **Burial** (b) Date thereof **7/16/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge Lawn**

18. (a) Signature of funeral director **Walter Bros**
(b) Address **1729 Linden**

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) (a) Means of injury _____

19. (a) **7-16-43** (b) **W. E. Brown**
(Date received local registrar) (Registrar's signature)

23. Signature **W. E. Brown** (M. D. or other) **md.**
Address **600 E. 22nd St. - Kans. Hosp #2**, Date signed **7-16-43**

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..... *O. J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.