

DEPARTMENT OF COMMERCE
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 3587

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kennett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home 1939 E 8th
 (If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Jackson
 (c) City or town Kennett (If outside city or town limits, write "RURAL")
 (d) Street No. 1939 E. 8th (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ALICE SHANNON
 3. (b) If veteran, name war NO 3. (c) Social Security No. Prone
 4. Sex FE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 8 day 15 year 43 hour 8:00 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Aug 10, 1943 to Aug 15, 1943
 that I last saw her alive on Aug 12, 1943
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: _____ (Month) _____ (Day) 1867 (Year)
 8. AGE: Years 76 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death acute congestive heart failure
 Due to arteriosclerotic heart disease
 Due to _____

9. Birthplace Lawrence, Kansas (City, town, or county) (State or foreign country)
 10. Usual occupation unemployed

Other conditions Generalized arteriosclerosis
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 MOTHER FATHER { 12. Name Matt
 13. Birthplace Kansas (City, town, or county) (State or foreign country)
 14. Maiden name Don't know
 15. Birthplace Don't know (City, town, or county) (State or foreign country)

Major findings:
 Of operations 93d
 Of autopsy _____

16. (a) Informant Robert James Friend
 (b) Address 1939 E 8th Str Kennett
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-43 (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Cemetery
 18. (a) Signature of funeral director W. E. Brown
 (b) Address 1819 E. 11th St Kennett
 19. (a) 8-19-43 (Date received local registrar) (b) W. E. Brown (Registrar's signature)

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 George H. Swift (M. D. or other)
 Address 2204 E. 18th St. Date signed 8-18-43

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 *Wm G. Flynn*

Licensed Embalmer No. *20211*

P. O. Address. *1819 E. 15th*

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.