

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27488
Registrar's No. 3667

SEP 7 1943
Registration District No. 149

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 Yrs _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Jennie Sarah Shannon

3. (b) If veteran, name was No 3. (c) Social Security No. No

4. Sex Femal 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Nov 20 1854 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 20 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>9</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name ***** Canfield

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

14. Maiden name Pamilla Webb

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

16. (a) Informant Lula May Clem

(b) Address Winnicucca Nevada

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 1943
(Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Cem.

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) 8-24-43 (b) T. 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. 6932 Montgall
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 21 1943
year 1943 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from Crown, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Burden of femur

Due to fracture of femur

Due to 1860

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 123

(b) Date of occurrence 7/23/43

(c) Where did injury occur? 6932 Montgall City
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home Full City

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

23. Signature JOSEPH _____ (M. Embalmer)
Address _____ Date 8/25/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

James E. Hunter

Licensed Embalmer No. *1629*

P. O. Address... *R. C. Ellis*

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.