

FILED SEP 11 1943
Registration District No. 2

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2536 South 11
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 Years (Specify whether years, months or days)

In this community 37 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2536 South 11th
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Patrick Shea

3. (b) If veteran, name war no

3. (c) Social Security No. 491-10-480

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Shea

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept 3 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>10</u>	<u>16</u>	_____ hr. _____ min.

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

10. Usual occupation Meat Cutter

11. Industry or business Hoffman Market

MOTHER FATHER

12. Name James H. Shea

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

14. Maiden name Mary Ann Byrne

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

16. (a) Informant Mrs Pearl Shea

(b) Address 2536 South 11th, St. Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Ashland Cemetery

18. (a) Signature of funeral director Herman W. Sidinfaden

(b) Address 1802 Union St. Joseph, Mo.

19. (a) 7-22-43 (Date received local registrar) (b) Rose Helzsoeg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1943 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from 7/18/43 to 7-19-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1/2 hr

Due to arteriosclerosis

Due to _____

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

Major findings: 94a

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 H. C. Bauman (M. D. or other)
Address 670 Francis St. Joseph, Mo. Date signed 7/20/43

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

John L. Dewey

Licensed Embalmer No. *4080*

P. O. Address

St Joseph 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.