

FILED FEB 3 1944

Registration District No. 14

Primary Registration District No. 1002

Registrar's No.

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:
139 Norton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community about 90 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County 999
(c) City or town Louisville, Ky.
(If outside city or town limits, write "RURAL")
(d) Street No. - (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME NETTIE SHADBURNE

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Fe. 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife George B. Shadburne 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased May 24, 1874
(Month) (Day) (Year)

8. AGE: Years 69? Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (e) Informant Mrs. Gertrude Madison

(b) Address 139 Norton

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/10/44
(Month) (Day) (Year)
(c) Place: burial or cremation Louisville, Ky.

18. (a) Signature of funeral director C. H. Blackman & Son,
(b) Address 2825 Independence Blvd

19. (a) Jan 10, 1944 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 9
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from Reputy Coroner, 19

that I last saw him alive on, 19

and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Duration

Due to Disease.

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy inspection

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?

(c) While at work? (Specify type of place) (d) Means of injury

23. Signature W. E. Foster (M. D. or other) W. M. D.
Address 12 M. D. Date signed 1/10/44

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.