

Registration District No. 144 Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 2913 Holmes St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 1891 (Specify whether 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. 2913 Holmes
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. ALVIRA B. SHUMAKER

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

4. Sex Fem 5. Color or race wh
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Charles H. Shumaker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 12, 1955 (Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 5 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER {
12. Name David Cantrell
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Susan Beam
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Whitey

(b) Address 2913 Holmes St

17. (a) Cremation (b) Date thereof Jan 19 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director J. McCherie

(b) Address 3225 William Plaza S.E. Mo
19. (a) Date received local registrar Jan 19 1944 (b) Registrar's signature J. McCherie

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17 year 1944 hour 11:30 minute 5 M.
21. I hereby certify that I attended the deceased from Jan 6 to Jan 17 1944.
that I last saw him alive on Jan 17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis
Due to mitral insufficiency
Due to arteriosclerosis
Other conditions: NMO
(Include pregnancy within 3 months of death)

Duration 3 days
PHYSICIAN Underline the cause to which death should be charged statistically.

Major findings: Of operations
Of autopsy

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
Signature: W. H. Lane (M. D. or other)
Address: 906 Grand Ave City Date signed 1/18/44

Dr. Lane
Pialto Bldg.

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address Tk. @ 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.