. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6317

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 849

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:
2513 Elma
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City Mo 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2513 Elma
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Ann Shea

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Femal

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widow 2

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

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

7. Birth date of deceased Nov. 20 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	2	28	hr. min.

9. Birthplace Jefferson City Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Joseph Staline
13. Birthplace France 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant J. F. Shea
(b) Address 2513 Elma

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22 1944
(Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cem.

18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn

19. (a) 2-21-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 18
year 44 hour 10 P minute M.

21. I hereby certify that I attended the deceased from Cancer, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 938

Of autopsy Inspection & history

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature O. Hatch 2/19/44 (M. D. or other)

Address Cancer Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph W. Runnels

Licensed Embalmer No. 3860

P. O. Address Kansas City, 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.