

Registration District No. 179

Primary Registration District No. 1001

Registrar's No. 548

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 No. 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
(Specify whether)  
 In this community Unknown  
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. 107 Ward Parkway Apt. 108  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME ANNA SHELTON

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

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Thomas Shelton 6. (c) Age of husband or wife if alive 1895 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 48 Months 49 Days If less than one day hr. min.

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

10. Usual occupation General Housework

11. Industry or business

MOTHER FATHER { 12. Name Jake Stevenson

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

14. Maiden name Mattie (City, town, or county) (State or foreign country)

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/2/44 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Stathms Bros

(b) Address 1729 Lydia

19. (a) 2-2-44 (Date received local registrar) (b) T.E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27 year 1944 hour 1:25 minute P. M.

21. I hereby certify that I attended the deceased from 10:40 A.M. January 27, 19 44 to 1:25 P.M. Jan. 27, 44; that I last saw him alive on January 27, 19 44; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-Vascular Accident Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 830

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 0

23. Signature [Signature] (M. D. or other)

Address San. Hwy 72 600 E. 22nd Date signed 1/29/44

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

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**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

*J Jerome Manlove*

Licensed Embalmer No.

*3994*

P. O. Address

*2503 Highland*

**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.**