No. 2
-9-4-41
-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 27 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11185

State File No.

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 54

18
4
4

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence Sanitarium 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

(c) City or town Kansas City 14 (If outside city or town limits, write "RURAL")

(d) Street No. 2056 N. 13th. 0 (If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Ida Lee Sheck

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George E. Sheck

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan (Month) 18 (Day) 1873 (Year)

8. AGE: Years 71 Months 1 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Robert McIlvain
13. Birthplace Unknown (City, town, or county) Delaware (State or foreign country)

MOTHER
14. Maiden name Rhoda Ann Scott
15. Birthplace Unknown (City, town, or county) Delaware (State or foreign country)

16. (a) Informant George E. Sheck

(b) Address 2056 N. 13th. K. C. Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 26 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kansas

18. (a) Signature of funeral director Louis A. Long

(b) Address Kansas City Kansas

19. (a) 2-26-1944 (Date received local registrar) (b) James W. Ross (Registrar's signature)

1163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26th year 1944 hour 10:45 minute A M.

21. I hereby certify that I attended the deceased from Nov. 10, 1943, 19 to Feb 26, 1944 that I last saw her alive on Feb. 26, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myelogenous Leukemia	7 mo.
Due to Unknown -	
Due to	
Other conditions Chronic Cholecystitis (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None 74a

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 Harold V. Woods M.D. (M. D. or other)

Address 11037 Winner Rd Independence Mo Date signed 2/26/44

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1944

MAR 2 9 1944

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 Chas. H. Ruder

Licensed Embalmer No. 3404

P. O. Address 703 N. 10 K.C. Ks

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

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