

FILED JUN 3 1944

State File No. _____

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2236

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: Lake Side Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether)

In this community 7 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 3215 Olive
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRIMARY FULL NAME: Eula Frances Shawver

3. (b) If veteran, name war: no

3. (c) Social Security No. 491-22-8383

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month 5 day 22 year 1944 hour 10:05 minute P.M.

21. I hereby certify that I attended the deceased from 5-18-44 to 5-22-44, 1944
that I last saw her alive on 5-22-44 and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W

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

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

7. Birth date of deceased: Nov-5-1918
(Month) (Day) (Year)

Immediate cause of death: Mechanical Obstruction of esophagus at terminal ileum

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death): 12 yr old

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>25</u> | <u>6</u> | <u>17</u> | _____ hr. _____ min. |

Duration 48 hrs.

9. Birthplace: Mo. (City, town, or county) _____ (State or foreign country)

10. Usual occupation: Sally Madman Cake Co

Major findings: about 8 inches of terminal ileum covered by a pulsate membrane

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business: _____

12. Name Wm Shawver

13. Birthplace Mo. (City, town, or county) _____ (State or foreign country)

14. Maiden name Borned & Early

15. Birthplace Mo. (City, town, or county) _____ (State or foreign country)

MOTHER FATHER

16. (a) Informant William F Shawver

(b) Address Skidmore Mo

17. (a) Funeral (b) Date thereof May 23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manville Mo

18. (a) Signature of funeral director W C E Foster

(b) Address 918 Brooklyn

19. (a) 5-23-44 (b) N-E Brown
(Data received local registrar) (Registrar's signature)

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 J J Chamberlain (M. D. or other) _____

Address 517 Chamberlain Date signed 5-23-44

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

JAN 4 1956

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 with the above constitutes grounds for revocation of license.)

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