No. 2
-5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20865

FILED JUL 15 1944

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2795

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 38 Days (Specify whether
In this community 43 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 8
(If outside city or town limits, write "RURAL")

(d) Street No. 4125 South Benton
(If rural, give location)

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

If yes, name country 10

3. (a) PRINT FULL NAME Earl V. S. SHEARER

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

0

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Clara Grove

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

7. Birth date of deceased March 11th, 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	3	23	hr. min.

9. Birthplace Ida Grove, ~~Iowa~~ IOWA 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Public Accountant

11. Industry or business State Supply.

FATHER
12. Name Frank W. Shearer
13. Birthplace PENNA. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Van Schoick
15. Birthplace New York 1
(City, town, or county) (State or foreign country)

16. (a) Informant H. L. Shearer, brother,
(b) Address 9153 Sou. Bell Ave., Chicago.

17. (a) Burial (b) Date thereof 7/6/44.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Mellody-McGilley
(b) Address K. C. Mo.

19. (a) 7-5-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1944 hour 7:35 minute PM M.

21. I hereby certify that I attended the deceased from May 26, 1944, to July 4, 1944, that I last saw him alive on July 4, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of esophagus — Duration 38 days

Due to Cancer

Due to 46a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Gastrotomy

Of autopsy

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 Dr. Julius O. Skinner 0 (M. D. or other)
Address 1402 Bryant 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.....

Licensed Embalmer No. 7999

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.