. S. No. 2
OM—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23882

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3118

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: 3636 FLORA (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 10 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town 3636 FLORA / KC Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 3636 FLORA K.C. Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME ANNA BELLE SHOAF
3. (b) If veteran, name war ✓ no
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Simon Shoaf
6. (c) Age of husband or wife if alive Not years
7. Birth date of deceased Oct (Month) 11 (Day) 1859 (Year)

8. AGE: Years 84 Months 9 Days 17 If less than one day hr. min.

9. Birthplace HENDERSON CO. ILL. (City, town, or county) (State or foreign country)
10. Usual occupation Domestic
11. Industry or business ✓
FATHER
12. Name SAMUEL MARSHALL
13. Birthplace ZANESVILLE OHIO (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN MARSHALL
15. Birthplace ZANESVILLE OHIO (City, town, or county) (State or foreign country)
16. (a) Informant OMER R. MATHIS
(b) Address 3636 FLORA K.C. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 '44 (Month) (Day) (Year)
(c) Place: burial or cremation Girard Kansas
18. (a) Signature of funeral director Miles Ed Dorsey
(b) Address Girard Kansas
19. (a) 7-29-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1944 hour 6:45 minute 45 P.M.
21. I hereby certify that I attended the deceased from July 24th, 1944 to July 28th, 1944; that I last saw her alive on 24th July, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Interstitial Nephritis	Unknown
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 131a	

Major findings:
Of operations None
Of autopsy None

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 McKee Hargrell (M.D. or other)
Address #3 W 40 Way Date signed July 28 1944

861 (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: Miles F. Dorsey

Licensed Embalmer No. 3437

P. O. Address Girard Kansas

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.