S. No. 2
0M—2-43
v. 3-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40358

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 5317

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 Hospt. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days. (Specify whether

In this community 45 yrs. 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. 4156 McGee (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas W Shillan

3. (b) If veteran, name war no

3. (c) Social Security No. 719-18-7684

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Catherine Shillan

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June (Month) 14 (Day) 1868 (Year)

8. AGE: Years 76 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Wighton AYESHIRE (City, town or county) Scotland (State or foreign country)

10. Usual occupation Retired

11. Industry or business Maintenance Man

FATHER
12. Name John Shillan
13. Birthplace (City, town or county) Scotland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town or county) Scotland (State or foreign country)

16. (a) Informant Mrs. Catherine Shillan

(b) Address 4156 McGee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City - Mo.

19. (a) 12-28-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27 year 1944 hour 12:10 minute P M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw Coroners alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to arterio sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations History & Inspection

Of autopsy no

Duration

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 James C Walker (M. D. or other) Coroner

Address 1424 Profm Bldg Date signed 12-27-44

(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 L. S. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. MO

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.