S. No. 2
OM—5-43
v. 5-17-39
No. 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945
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THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15840

Registration District No. 949 Primary Registration District No. 1002 Registrar's No. 2237

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

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: Riviera Apartments, 229 Ward Pkwy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. 1 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No. Riviera Apartments, 229 Ward Pkwy
(If rural, give location)
(e) Citizen of foreign country? no. 1 (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Shannon Douglass, ~~Jr.~~ III C.

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

3. (c) Social Security No. # unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife x

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

7. Birth date of deceased July (Month) 23 (Day) 1919 (Year)

8. AGE: Years 25 Months 9 Days ~~29~~ 28 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Engineer

11. Industry or business x

12. Name Shannon C. Douglass

13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

14. Maiden name Olive F. -

15. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

16. (a) Informant Shannon Douglass
(b) Address Riviera Apts., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-23-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1945 hour 8:25 minute P. M.

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

Immediate cause of death Convulsion

Due to Epilepsy

Due to

Other conditions 85
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No permit History & Inspection

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 profess. Bldg Date signed 5-22-45

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1952

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 Robert H Reed

Licensed Embalmer No. 3745

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.

AFFIDAVIT

State of Missouri)
)SS
County of Jackson)

Shannon Clay Douglass, Jr., of 815 Huntington Road, Kansas City, Missouri, of lawful age, first being duly sworn upon his oath, does state:

1- That he is the son of Shannon Clay Douglass, who died in 1917;

2- That he is the father of Shannon Clay Douglass, III, who died May 21, 1945;

3- That though he is known as Shannon C. Douglass, he is in reality Shannon C. Douglass, Jr., and so recorded in the Vital Statistics of St. Louis, Missouri;

4 - That he is registered in the Election Board as Shannon Clay Douglass, Jr;

And further Deponent saith not.

Shannon Clay Douglass, Jr

Subscribed and sworn to before me a Notary Public, in and for the County of Jackson, State of Missouri, this 18th day of February, 1952.

Notary Public

My Com. expires Aug. 4, 1953

15840

State of Missouri)
)ss.
County of Jackson)

Shannon Clay Douglass, Jr., of his mature, sound, Kansas City, Missouri, of lawful age, first being duly sworn upon his oath, does state:

1- That he is the son of Shannon Clay Douglass, who died in 1917;

2- That he is the father of Shannon Clay Douglass, III, who died May 21, 1945;

3- That though he is known as Shannon C. Douglass, he is in reality Shannon C. Douglass, Jr., and as recorded in the Vital Statistics of St. Louis, Missouri;

4 - That he is registered in the election found as Shannon Clay Douglass, Jr;

and further deponent saith not.

Shannon Clay Douglass, Jr

Subscribed and sworn to before me a Notary Public, in and for the County of Jackson, State of Missouri, this 18th day of February, 1952.

Notary Public