

FILED JUN 4 1945  
199

Primary Registration District No. 1002

Registrar's No. 2222

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:  
K.C. General Hosp. K.C. Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 ds  
(Specify whether  
 In this community 25 years  
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. 618 Main St.  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lawrence Shonacher  
 (b) If veteran, name war no  
 (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 9th  
 year 1945 hour 11 minute 20 A. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from 4-27-45, 19\_\_\_\_ to 5-9-45, 19\_\_\_\_  
 that I last saw him alive on 5-9-45, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

7. Birth date of deceased Sept. 11, 1900  
(Month) (Day) (Year)

pulmonary tuberculosis  
 Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>7</u>	<u>28</u>	hr. _____ min. _____

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Waiter

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Michael Shonacher

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

14. Maiden name Raude Chisolm

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

16. (a) Informant Record Clerk

(b) Address K. C. General Hos. No. 1

17. (a) Burial (b) Date of 5-23-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Field

18. (a) Signature of funeral director [Signature]

(b) Address City, Mo.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature of Record Clerk  
(City, town, or county) (State or other)

Address K.C. Gen. Hos. No. 1 Date signed 5-9-45

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

60508

**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 Not Embalmed, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed

Wm. A. Lohmeyer

Licensed Embalmer No. 3089

P. O. Address 50 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.**