

FILED SEP 25 1945
Registration District No. 277

Primary Registration District No. 1002

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:
Ge 5150 Main St., /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether years, months or days)

In this community 40 years,
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 46

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

(d) Street No. 5150 Main Street, 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Katharine Shackett Price

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

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1945 hour 9:30 minute A. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Claude D. Price 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased July 23 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 3
1945, to Sept 14 1945
that I last saw her alive on Aug 16 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>1</u>	<u>21</u>	hr. <u> </u> min. <u> </u>

Immediate cause of death Adenocarcinoma of uterus & metastases 18 months

Due to

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

Other conditions 48 hr
(Include pregnancy within 3 months of death)

Major findings:
Of operations

10. Usual occupation at home

11. Industry or business X

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name William Shackett

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

14. Maiden name Mary Jones,
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Arch Price,

(b) Address 5150 Main St., Kansas City, Mo.

17. (a) Removal (b) Date thereof 9-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Missouri

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?

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-14-45 (b) Sheldine Holmer
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)

(c) Means of injury

23. Signature Hubert Volante (M. D. or other)
Address 1124 Poplar St., St. Louis Date signed 9/14/45

Dr. Herbert Valentine

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address T. 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.