

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32899

State File No. _____

FILED OCT 23 1945

Registrar's No. 4178

Registration District No. 149

Primary Registration District No. 1002

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:
2207 Lister
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
36 Yrs

In this community _____
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. 2207 Lister Sister 8
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Nannie B. Shumate

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex Femal / 5. Color or race White

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

6. (b) Name of husband or wife Mark M. Shumate

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Aug. 8 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 7
year 1945 hour 6:15 minute P M.

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

8. AGE: Years Months Days If less than one day

70 1 8 29 hr. _____ min.

Immediate cause of death Cowman

Due to arteriosclerosis

Due to _____

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

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Henry Bishop

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

14. Maiden name Sarah Jackson

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

16. (a) Informant Mark M. Shumate

(b) Address 2207 Lister

17. (a) Burial (b) Date thereof Oct 11 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Garden Springs Mo

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 10-10-45 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy no

History & Report

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 3

23. Signature Janet (M. D. or other) _____

Address 1424 1/2 Blk Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 JOE B. Under

Licensed Embalmer No. 24173

P. O. Address: 918 Brooklyn

KC me

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.