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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1755

FILED JAN 21 1946

Registration District No. 141 Primary Registration District No. 1002 Registrar's No. 5343

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

100390

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 Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 3817 E. 8 St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edna Shore

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 9 (Month) 1945 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	1	17	hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Douglas Orville Shore
13. Birthplace Montevideo (City, town, or county) Minn (State or foreign country)

MOTHER
14. Maiden name Ruth Irene Cox
15. Birthplace Independence (City, town, or county) Mo (State or foreign country)

16. (a) Informant Earl Cox

(b) Address 3817 East 8th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-45 (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo

19. (a) 12-26-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 26 year 1945 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from Dec. 26, 1945 to Dec. 26, 1945; that I last saw her alive on Dec. 26, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congenital heart-Inter-ventricular septum defect	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

1572

Major findings: Of operations

Of autopsy See above

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 Clark W Sealy M.D. (M.D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 12-26-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Knecht

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 George C. Carson

Licensed Embalmer No. 2249

P. O. Address Independence, Iowa

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.