

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13363

Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 1603

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: Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 50 years
(Specify whether 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. 235 Ward Parkway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Isaac Edwin Shane

3. (b) If veteran, name war. no
3. (c) Social Security No. none

4. Sex Male
5. Color or race wh.
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Bertha Shane
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 19, 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 14 1/2 hr. _____ min.

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

10. Usual occupation Feather Business

11. Industry or business _____

12. Name Henry Shane

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

14. Maiden name Henrietta Krammer

15. Birthplace Ger. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Henrietta Kramer

(b) Address Chicago Ill.

17. (a) Burial (b) Date thereof 7/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director Carroll Davidson

(b) Address 3024 Troost ave.

19. (a) 4-3-46 (b) Thaldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/1/46
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 7/25/46
to 7/27/46
that I last saw him alive on 7/27/46
and that death occurred on the date and hour stated above.

Immediate cause of death: coronary occlusion
Due to: hardening of arteries
Due to: atherosclerosis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations: _____
Of autopsy: _____

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?

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature E.R. Williams (M. D. or other) _____
Address Bryant Parkery Date signed 7/2/46

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 Kathryn E. Davidson

Licensed Embalmer No. 3648

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.