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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. 20506

FILED JUL 10 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2869

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: St. Joseph 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. (Specify whether years, months or days)

In this community 2 years

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. 2007 East 48th Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John Edward SHEA

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife none

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

7. Birth date of deceased October (Month) 18 (Day) 1942 (Year)

8. AGE: Years 3 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Topeka (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation baby

11. Industry or business

FATHER 12. Name Edward T. Shea

13. Birthplace Haddam (City, town, or county) Kansas 1 (State or foreign country)

MOTHER 14. Maiden name Hazel Dart

15. Birthplace Lincoln (City, town, or county) Nebraska 1 (State or foreign country)

16. (a) Informant Mr. Edward T. Shea

(b) Address 2007 E. 48th, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address 1800 E. Linwood Blvd.

19. (a) 6-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1946 hour 3 30 minute P M.

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

Immediate cause of death Electrocution — Duration

Due to

Due to 193-7 19

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

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) accident 123

(b) Date of occurrence 6-26-46

(c) Where did injury occur? K.C. (City or town) Jackson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)

While at work? no (e) Means of injury Electric wires

23. Signature [illegible] (M. D. or other) Coroner

Address [illegible] Date signed 6-27-46

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.