S. No. 2
—12-45
. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30453

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4111

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: /
1309 Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 17 years
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. 1309 Monroe 5
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 6
If yes, name country

3. (a) PRINT FULL NAME CORA E. C. SHANK
3. (b) If veteran, name war None
3. (c) Social Security No. 499-14-3483
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 20th (Day) 1906 (Year)

8. AGE: Years 39 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Garden City, Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation Waitress
11. Industry or business Cafe
FATHER
12. Name C. E. Rice 0
13. Birthplace Florence, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sara Ann Cable
15. Birthplace Springvalley, Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant C. E. Rice
(b) Address 3624 Lexington, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Springs, Mo.
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.
19. (a) 9-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th year 1946 hour 8 minute 05 a. M.
21. I hereby certify that I attended the deceased from 7-4 1946 to Sept 27 1946 and that I last saw her alive on Sept 26 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46 b	
Major findings: Of operations Carcinoma of stomach	
Of autopsy	

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 0
23. Signature Kristoffer G. Adams (M. D. or other) MD
Address 602 Main Ave Date signed 28 Sept 46

(Licensed Embalmer's Statement on Reverse Side)

602 Men
E. G. Davis

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 Floyd C Carson

Licensed Embalmer No. 4199

P. O. Address Independence

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.