

No. 2
12-45
-17-39
X47070

FILED NOV 6 1946
Registration District No. 749

State File No. _____

Primary Registration District No. 1002

Registrar's No. 4471

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 19 days
(Specify whether years, months or days)

In this community unknown

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. 1304 Troost
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Grover Shaw

3. (b) If veteran, name war NO

3. (c) Social Security No. 6497-05-1561

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

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

7. Birth date of deceased: 3-16-1886
(Month) (Day) (Year)

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

60 7 6 hr. min.

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

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER

12. Name John A. Shaw

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

14. Maiden name Maudie M. Ireland

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

16. (a) Informant Donald Shaw

(b) Address 2908 E. 12

17. (a) Burial (b) Date thereof Oct-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem.

18. (a) Signature of funeral director Wornall Funeral Home

(b) Address 7406 Wornall

19. (a) 10-24-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1946 hour 7 minute 5 P. M.

21. I hereby certify that I attended the deceased from Oct. 3 19 46 to Oct. 22 19 46
that I last saw him alive on Oct. 22 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension and chronic nephritis

Due to _____

Due to _____

Other conditions 131a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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 W. W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp Date signed 10-25-46

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 *Howard J. Roe*

Licensed Embalmer No. *2748*

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.