7. S. No. 2
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ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9393

State File No.

FILED APR 14 1947

Registration District No. 999 Primary Registration District No. 1002 Registrar's No. 1502

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: Poly Clinic 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DEACESED:

(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. 3622 Virgina 8
(If rural, give location)

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

If yes, name country XXXX

3. (a) PRINT FULL NAME John David Sheafer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race W

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

6. (b) Name of husband or wife XXXXXX

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

7. Birth date of deceased March (Month) 21 (Day) 1947 (Year)

8. AGE: Years XX Months XX Days 9 If less than one day XX hr. XX min.

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

10. Usual occupation XXXX infant

11. Industry or business XXXX

MOTHER FATHER

12. Name David Sheafer

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

14. Maiden name Mildred Mc Names

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

16. (a) Informant Mr. David Sheafer

(b) Address 3622 Virgina Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31, 47 (Month) (Day) (Year)

(c) Place: burial or cremation East Slope Cem. N.K.C.

18. (a) Signature of funeral director Morton-Smith's F.H.

(b) Address 832 Armour Rd. North Kansas City

19. (a) 3-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1947 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 21, 19 47, to March 29, 19 47; that I last saw him alive on March 29, 1947, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Premature Birth

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 159

Major findings:
Of operations

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

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

Address 301 Summit Date signed 3-31-47

(Licensed Embalmer's Statement on Reverse Side)

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 Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City 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.