

FILED DEC 26 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41923**
Registrar's No. **5218**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **5218**

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's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
(Specify whether years, months or days)
In this community **30 Years**

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. **1421 East 77th. Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **LORENZO D. SHAWHAN**

(b) If veteran, name war **Spanish American**
(c) Social Security No. **500-22-8424**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Exa Shawhan**
6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **April 21st. 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	7	19	hr. min.

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

10. Usual occupation **Carpenter**

11. Industry or business.....

12. Name **Thomas Jefferson Shawhan**

13. Birthplace **Wardette Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Lunette Shane**

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

16. (a) Informant **Mrs. Exa L. Shawhan**

(b) Address **1421 East 77th. Street**

17. (a) **Burial** (b) Date thereof **12-12-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd. St. Kansas City, Mo.**

19. (a) **12-11-47** (b) **St. Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **10th.**
year **1947** hour..... minute..... M.

21. I hereby certify that I attended the deceased from **Pathologist** 19.....
that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.
Duration.....
Immediate cause of death.....

Acute Pulmonary Emphysema
Myocarditis
Due to.....

Other conditions **Skull base (2 distinct) Cause not determined**
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **938**

Of autopsy **see above**

PHYSICIAN
Underline the cause of 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)

(e) Means of injury.....

23. Signature **Joseph Kerpel** (M.D. or other).....

Address **St. Joseph's Hospital** Date signed **12 Dec 47**

WRITE PLAINLY—USING 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 Walter H. Carwin

Licensed Embalmer No. 4352

P. O. Address 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.