

No. 2
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5-17-39
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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. **41925**
Registrar's No. **5387**

FILED JAN 13 1948

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **Virginia**
(d) Length of stay: **4 years**
In this community **4 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City, Mo.**
(d) Street No. **4043 Virginia**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **William Lee Sim Shore**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Laura Shore**
6. (c) Age of husband or wife if alive **11** years
7. Birth date of deceased **Dec. 11 1862**

8. AGE:	Years	Months	Days	If less than one day
	85	0	10	hr. min.

9. Birthplace **Chapel Hill Mo.**

10. Usual occupation **Hotel Operator**

11. Industry or business **Theophilus Shore**

12. Name **Theophilus Shore**
13. Birthplace **N.C.**

14. Maiden name **Francis Welch**
15. Birthplace **unk**

16. (a) Informant **Mrs Carrie Mann**
(b) Address **4042 Virginia K.O. Mo.**

17. (a) **Burial** (b) Date thereof **12-23-47**
Place: burial or cremation **Strasburg, Mo.**

18. (a) Signature of funeral director **Allen Brunerfeld**
(b) Address **Pleasant Hill, Mo.**

19. (a) **12-22-47** (b) **Steraldine Holmes**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **21** year **1947** hour **5** minute **P** M.
21. I hereby certify that I attended the deceased from **Nov. 26** 1947 to **Dec. 21** 1947.
that I last saw him alive on **Dec. 21** 1947 and that death occurred on the date and hour stated above.

Immediate cause of death **arterio-sclerosis**

Due to.....
Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **97**
Of autopsy.....

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work? (Specify type of place) **0**
(e) Means of injury.....

23. Signature **J. V. W...** (M. D. or other)
Address **Pleasant Hill, Mo.** Date signed **12-22-47**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1002

1001

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 Allen Brownfield
Licensed Embalmer No. 3785
P. O. Address Cleveland Hill

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;