S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1316

FILED FEB 7 1949
Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 427

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: 5931 McGee Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 49 Years
In this community

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.: 5931 McGee Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Samuel D. Shannon
3. (b) If veteran, name war: No
3. (c) Social Security No.: 510-07-4224

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Marie Beatrice Shannon
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: December (Month) 18th. (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	1	11	hr. min.

9. Birthplace: Kingston, Ontario (City, town, or county) Canada (State or foreign country)
10. Usual occupation: Retired Office Manager
11. Industry or business: Wilson & Company
FATHER
12. Name: William Shannon
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. William E. Shannon
(b) Address: 6030 Rockhill Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1 - 31 - 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery
18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 42nd. St. & Mill Creek Parkway
19. (a) 1-30-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 29 year: 1948 hour: 05 minute: 45 P.M.
21. I hereby certify that I attended the deceased from Jan 1937 to Jan 29 1948 that I last saw him alive on Jan 29 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Thrombosis	2 days
Due to: Arteriosclerosis	years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Duodenal Ulcer	
Major findings: Of operations:	
Of autopsy: 117	

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
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: Edw. H. Thurman (M. D. or other)
Address: 1 Bedy K C Mo Date signed 1-29-48

Jefferson City Printing Co.
(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 Elmer C. Wedelin

Licensed Embalmer No. 3495

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.