

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Emph. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 15 years (Specify whether
years, months or days)

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. 419 Tennessee 8
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No) 1
If yes, name country -

3. (a) PRINT FULL NAME JOHN CLY ANTUS SHIRLEY

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased January 16th 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 21 hr. min.

9. Birthplace: Randolph County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Marion Shirley 9
13. Birthplace No Data 9
(City, town, or county) (State or foreign country)
14. Maiden name Marriet Lewis
15. Birthplace No Data 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lena Atzen

(b) Address 419 Tennessee N.C. Mo.

17. (a) Burial (b) Date thereof 3/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Ceme

18. (a) Signature of funeral director Roland R. Speaks

(b) Address Independence, Missouri

19. (a) MARCH 10, 1948 (b) Samuel C. Emswamy
(Date received local registrar) (Registrar's signature) 27 X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1948 hour 11 minute 209 M.

21. I hereby certify that I attended the deceased from
3-4-48, 19____, to 3-7-48, 19____;
that I last saw him alive on 3-7-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac decompensation 2da
Acute intestinal obstruction 1 wk
Carcinoma sigmoid colon 10 mths

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

Major findings: As above

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?

Signature Samuel C. Emswamy (Specify type of place) While at work
(e) Means of injury _____
Address R#4 Independence, Mo. Date signed 3-8-48

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

MAY 5 1948

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 Stanley M. Seaton
Licensed Embalmer No. 4504
P. O. Address Independence, 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.