S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 12 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19664

Registrar's No. 2692

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 6 hrs. (Specify whether
In this community 4 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 901 E. 42 St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Hobart D. Shuler

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased March (Month) 8 (Day) 1897 (Year)

8. AGE: Years 51 ~~57~~ Months 3 Days 19 If less than one day hr. min.

9. Birthplace Davies Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Zack Shuler
13. Birthplace Davies Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lula Davison
15. Birthplace Dont (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Joe M. Vandepool
(b) Address RH 4 21th RC Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 (Month) (Day) 1948 (Year)
(c) Place: burial or cremation Gillman City Mo

18. (a) Signature of funeral director Bradford Fuel Home
(b) Address Mission Kans

19. (a) 6-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1948 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from June 26, 1948, to June 27, 1948
that I last saw him alive on June 27, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of larynx	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 47	
Of autopsy None	

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 Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 6-28-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Cameron

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 Wesley H. Bradford

Licensed Embalmer No. 4370

P. O. Address Mission Kans.

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.