No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26595

Registrar's No. 3136

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3214 Bellefontaine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 76 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town K.C. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3214 Bellefontaine 8
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ROSE KAMSLER SHANE
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oscar L. Shane
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Jan (Month) 30th (Day) 1872 (Year)

8. AGE: Years 76 Months 5 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace K.C. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Isadore Kamsler
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hannah Levy
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Amy Shane
(b) Address 3214 Bellefontaine
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cem.
18. (a) Signature of funeral director Carroll-Davidson
(b) Address 3024 Troost Av.
19. (a) 8-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1948 hour 10 minute — P. M.
21. I hereby certify that I attended the deceased from April 1, 1948 to July 29, 1948
that I last saw her alive on June 10, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
Of autopsy	

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)
While at work? (e) Means of injury
23. Signature Jack W. Wolf (M. D. or other) MD
Address 206 Argyle Bldg Kansas City Mo Date signed Aug 1-48

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 Kathryn E. Davidson

Licensed Embalmer No. 3648

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.