

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29962**
Registrar's No. **3560**

Registration District No. **177**

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**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1026 Main Street 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
In this community **non resident C. Kansas**
years, months or days

3. (a) PRINT FULL NAME **Boyd R. Shreck**
(b) If veteran, name war **World War 1**
(c) Social Security No. **510-03-8142**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Frances H. Shreck**
(c) Age of husband or wife if alive **48** years
7. Birth date of deceased **July 8th. 1898**
(Month) (Day) (Year)

8. AGE: Years **50** Months **1** Days **22**
If less than one day hr. min.

9. Birthplace **Kansas City Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Electrician**

11. Industry or business **J.H. McKay Electric Co.**

12. Name **Edward G. Shreck**
13. Birthplace **No Record Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Gertrude Makepeace**
15. Birthplace **No Record England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Frances H. Shreck**
(b) Address **2625 So. 22nd. St., K. C. Ks.**
17. (a) **Burial** (b) Date thereof **9/2/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Hill Cemetery**
18. (a) Signature of funeral director **Gates Funeral Home**
(b) Address **Kansas City, Kansas**
19. (a) **8-31-48** (b) **A. Geraldine Holman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Wyandotte**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2625 So. 22nd. Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **30th.**
year **1948** hour minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Shock** Duration _____
Rupture of Liver & Spleen
Due to _____
Due to **Auto Trauma & pedestrian**

Other conditions _____
(Include pregnancy within 9 months of death)

Major findings: **Reputy. Coronar** PHYSICIAN _____
Of operations _____
Of autopsy **See Above** 1100
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) **Accident**
(b) Date of occurrence **9/30/48**
(c) Where did injury occur? **Kansas City Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **Yes** (Specify type of place) (M. D. of injury) **Trauma**
Signature **A.E. Walker** (M. D. of death) **9/30/48**
Address **2800 Main** Date _____

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.