

FILED DEC 11 1948

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4854

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: Northeast Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1534 East 36th Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sherman Ralph SHADWELL

3. (b) If veteran, name war WW-I 3. (c) Social Security No. 495-05-0923

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

6. (b) Name of husband or wife Mae Shadwell 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased January 27, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 29 hr. min.

9. Birthplace Clinton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. Industry or business Richard & Conover

MOTHER FATHER

12. Name Samuel R. Shadwell

13. Birthplace Montgomery County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mannie B. Wray

15. Birthplace Clinton, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae Shadwell

(b) Address 1534 East 36th St., K.C., Mo.

17. (c) Removal (b) Date thereof 11-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Missouri

18. (a) Signature of funeral director Melody McGilley Eylar

(b) Address Kansas City, Missouri

19. (a) 11-27-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1948 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug 21, 1948, to 11/26, 1948;
that I last saw h. i. m. alive on 11/26, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Respiratory failure Duration 2 min

Due to Hepatic Carcinoma and of biliary ducts 4 mo

Due to general debility 6 mo

Other conditions (Include pregnancy within 3 months of death)

Major findings: no
Of operations no
Of autopsy no

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) no
(b) Date of occurrence no
(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? no

While at work? (Specify type of place) (e) Means of injury no

23. Signature H. O. Pence (M. D. or other) DO
Address 2722 Prospect Date signed 11/27/48

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

Dr. Pierce
2722 Parapel

Feb 12 1948

FEB 8 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 Ellen E. Heck

Licensed Embalmer No. 4063

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.