

FILED AUG 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27115
Registrar's No. 3444

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	c. LENGTH OF STAY (In this place) 2 YRS.	c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2955 FLORA		d. STREET ADDRESS (If rural, give location) 2955 FLORA	

3428

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) WILL c. (Last) SHANNON			4. DATE OF DEATH (Month) (Day) (Year) 8-11-50		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 11, 1863		9. AGE (In years last birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RETIRED)		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN B. SHANNON	13b. MOTHER'S MAIDEN NAME SARAH ANDERSON	14. NAME OF HUSBAND OR WIFE LOUISA MARGARET SHANNON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Warriner

ADDRESS
2955 FLORA
KANSAS CITY, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Ht diseases		DUPLICATE (b) Generalized Arteriosclerosis		4 yrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) (Final Decomposition 10 days)		Many yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				420

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/10**, 19**49**, to **8/11**, 19**50**, that I last saw the deceased alive on **8/11**, 19**50**, and that death occurred at **8:50A** m., from the causes and on the date stated above.

23a. SIGNATURE Wm. H. Goodson, Jr. (Degree or title) Wm. H. Goodson, Jr. M.D.		23b. ADDRESS 710 Post Bg KANSAS CITY Mo	23c. DATE SIGNED 8/11/50
24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL	24b. DATE 8-11-50	24c. NAME OF CEMETERY OR CREMATORY 1.0.D.F. Cem.	24d. LOCATION (City, town, or county) (State) SMITHVILLE, Mo.
DATE REC'D BY LOCAL REG. 8-11-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Rollins & Mitchell	

ADDRESS
Platte City, Mo.

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

AUG 28 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Roland M. Giffey

Licensed Embalmer No. 4725

P. O. Address Platte 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.