

FILED DEC 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 40662  
4981

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4981

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city, mo</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2819 E 77th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2819 E 77th Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Josephine</u> b. (Middle) <u>dle</u> c. (Last) <u>Shazer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-23-50</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>3-31-1879</u>		9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Hardin, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>			

13a. FATHER'S NAME <u>James Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Solomon D. De Shazer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs G Butts</u> ADDRESS <u>79 35 So Benton</u>	

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) <u>Cerebral hemorrhage</u>		DUPLICATE		<u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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 Nov 20, 1950, to Nov 23, 1950, that I last saw the deceased alive on Nov 22, 1950, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>S.D. Hooper</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>6232 Troost KC, Mo</u>		23c. DATE SIGNED <u>11-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Jackson Co MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>France Warnall</u>		ADDRESS <u>Fernall Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>11-26-50</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>			

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Russell N. Fran*

Signed.....

Student Embalmer

Licensed Embalmer No. *4255*

P. O. Address. *H. C. M.*

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.