

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40988**  
**5444**

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

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3500 JEFFERSON STREET</b>                            |  | d. STREET ADDRESS (If rural, give location) <b>3500 JEFFERSON STREET</b>  |  |

|                                     |                             |                       |                          |   |
|-------------------------------------|-----------------------------|-----------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>JOSEPHINE</b> | b. (Middle) <b>B.</b> | c. (Last) <b>SHANNON</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 24-1950</b> |
|-------------------------------------|-----------------------------|-----------------------|--------------------------|---|

|                      |                               |   |                                     |   |   |  |  |
|----------------------|-------------------------------|---|-------------------------------------|---|---|--|--|
| 5. SEX <b>FEMALE</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>FEB-11-1891</b> | 9. AGE (In years) (last birthday) <b>79</b> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b> | 11. BIRTHPLACE (State or foreign country) <b>JACKSON COUNTY MISSOURI</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|----------------------|-------------------------------|---|-------------------------------------|---|---|--|--|

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|--|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <b>JACKSON COUNTY MISSOURI</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|-----------------------------------|--|--|

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|--|---|---|
| 13a. FATHER'S NAME <b>WILLIAM H. BREGG</b> | 13b. MOTHER'S MAIDEN NAME <b>ELIZABETH HOOK</b> | 14. NAME OF HUSBAND OR WIFE <b>ALANSON B. SHANNON</b> |
|--|---|---|

|  |                                     |   |  |
|--|-------------------------------------|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>NONE</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>ALANSON B. SHANNON</b> | ADDRESS <b>3500 JEFFERSON ST. KANSAS CITY, MO.</b> |
|--|-------------------------------------|---|--|

|   |  |                                  |   |
|---|--|----------------------------------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>20 minutes</b>                               |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  |                                  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Cirrhosis of liver (non-alcoholic) 1 mo +</b> |                                  |   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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 **11/18, 1950**, to **12/23, 1950**, that I last saw the deceased alive on **12/23, 1950**, and that death occurred at **9:00 a.m.**, from the causes and on the date stated above.

|  |   |                                  |
|--|---|----------------------------------|
| 23a. SIGNATURE <b>R. R. Becker</b> (Degree or title) <b>M.D.</b> | 23b. ADDRESS <b>4000 Ballenger Kansas City, Mo.</b> | 23c. DATE SIGNED <b>12/24/50</b> |
|--|---|----------------------------------|

|   |                              |   |   |
|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> | 24b. DATE <b>DEC-26-1950</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH CEMETERY</b> | 24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b> |
|---|------------------------------|---|---|

|  |  |  |  |
|--|--|--|--|
| DATE REC'D BY LOCAL REG. <b>12-26-50</b> | REGISTRAR'S SIGNATURE <b>Gertrude Holmes</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>D.H. Newcomer Sons</b> | ADDRESS <b>1031 GRUSH CREEK KANSAS CITY, MO.</b> |
|--|--|--|--|

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.....  
Student Embalmer

Signed Jess T. News  
Licensed Embalmer No. 445-3

P. O. Address Kansas City

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.